



May 14th-16th
San Antonio Rose Palace

YOU CAN ENTER EACH ROPING 2 X

Make Checks Payable to: Jr Calf Roping Championships

Mail to : **Box 228**
Balmorhea, Texas 79718

For More info Call: Jody 432 940 0385

PLEASE PLACE AN X IN APPROPRIATE BOX

10 & UNDER BOYS AND GIRLS BREAKAWAY	\$180	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
12 & UNDER BOYS AND GIRLS BREAKAWAY	\$200	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
12 & UNDER BOYS AND GIRLS TIEDOWN	\$200	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
15 & UNDER GIRLS BREAKAWAY	\$225	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
15 & UNDER BOYS TIEDOWN	\$225	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
19 & UNDER GIRLS BREAKAWAY	\$250	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
19 & UNDER BOYS TIEDOWN	\$250	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO
ROPE LIKE A GIRL OPEN BREAKAWAY can enter 2	\$250	<input type="checkbox"/>	2 ROUNDS, TOP 10 TO SHORT GO

Youth ropers are required to
Submit birth certificate
W9 – required on all contestants

ENTRY FEES _____
OFFICE CHARGE + \$35 _____
Late Fee + 50 _____ if after MAY 1st

TOTAL FEES _____

NAME _____
AGE _____ (as of 1/1/21) Date of Birth _____
ADDRESS _____
City _____ STATE _____ ZIP _____
Phone _____
EMAIL _____

SSN _____ **REQUIRED TO WIN**
CHECK

CHECK # _____
CREDIT CARD _____
CVS CODE _____
EXPIRATION _____ ZIP CODE _____
3.75% processing fee for Credit Cards

RELEASE

I assume full and complete responsibility for any injury, accident or damage done to my person or party which may occur during my participation in the Cody OHL Jr Calf Roping Championship- or while i am on the premises of this event, and hereby release and hold harmless any sponsors, promoters and all other persons or entities associated with this even from any and all injury, damage or expense .

We the parents or Guardians of _____ give the physicians on the Medical Staff permission to administer the necessary emergency treatment for injuries he/she may occur while participating in the Cody

Ohl Jr Calf Roping. We hereby release the hospital , Physicians, and Event Sponsors from all liability.

I also hereby give permission to the Cody Ohl Jr Calf Roping to use my name and any pictures/videos taken of me during the event

SIGNATURE OF RIDER _____

SIGNATURE OF PARENT _____