



OCT 25-27th  
SAN ANGELO ROPING FIESTA

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
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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

ENTRY FEES \_\_\_\_\_  
OFFICE CHARGE + \$35 \_\_\_\_\_  
Late Fee + 50 \_\_\_\_\_ Oct 15th AND AFTER

TOTAL FEES \_\_\_\_\_

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ ( as of 1/1/24) Date of Birth \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
EMAIL \_\_\_\_\_

SSN \_\_\_\_\_ **REQUIRED TO WIN**  
**CHECK**

FILL OUT COMPLETELY PLEASE

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

EVERY ONE WILL NEED TO DO A W9 FOR A CHECK

I assume full and complete responsibility for any injury or damage done to my person or party which may occur during my participation in the World Jr Calf Roping Championships or while I am on the premises of this event, and hereby release and hold harmless any sponsors, promoters and all other persons or entitties associated with this event from any and all injury, damages or expenses

We the parents or guardians of \_\_\_\_\_ give the physicians or the medical staff permission to administer the necessary emergency treatment for injuries he/she may occur while participating .

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

Signature of rider \_\_\_\_\_  
Signature of Parent \_\_\_\_\_

\_\_\_\_\_