

# Kentucky Junior Rodeo Association

Entry Form For: Sturgis, KY

November 21st & 22nd

**POSTMARK DEADLINE: Nov. 7, 2009**

**DO NOT SEND FEES,  
THESE WILL BE  
COLLECTED AT THE  
RODEO!!  
MAIL ENTRY FORM TO:  
Stacey Wilks  
93 High Bridge Road  
Lancaster, KY 40444  
(859) 548-3176**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Grade: \_\_\_\_\_

**Boys Division:** \_\_\_\_\_ I-A (K-1-2) \_\_\_\_\_ I-B (3-4-5)

Sat	Sun	Event	X Entered		Amount	Total
___	___	Breakaway	_____	X	\$ 12.00 =	_____
___	___	Chute Dogging	_____	X	\$ 12.00 =	_____
___	___	Dummy Roping	_____	X	\$ 7.00 =	_____
___	___	Goat Tying	_____	X	\$ 12.00 =	_____
___	___	Mutton Busting (I-A Only)	_____	X	\$ 12.00 =	_____
___	___	Steer Riding (I-B Only)	_____	X	\$ 12.00 =	_____
___	___	Team Roping (TR) (I-B Only)	_____	X	\$ 12.00 =	_____

TR Partner: \_\_\_\_\_  
TR Header: \_\_\_\_\_

**Event Total** \_\_\_\_\_

**Girls Division:** \_\_\_\_\_ I-A (K-1-2) \_\_\_\_\_ I-B (3-4-5)

Sat	Sun	Event	X Entered		Amount	Total
___	___	Barrel Racing	_____	X	\$ 7.00 =	_____
___	___	Breakaway	_____	X	\$ 12.00 =	_____
___	___	Dummy Roping	_____	X	\$ 7.00 =	_____
___	___	Goat Tying	_____	X	\$ 12.00 =	_____
___	___	Mutton Busting (I-A Only)	_____	X	\$ 12.00 =	_____
___	___	Pole Bending	_____	X	\$ 7.00 =	_____
___	___	Team Roping (TR) (I-B Only)	_____	X	\$ 12.00 =	_____

TR Partner: \_\_\_\_\_  
TR Header: \_\_\_\_\_

**Event Total** \_\_\_\_\_

Event Total \_\_\_\_\_  
KJRA Insurance \_\_\_\_\_ Days X \$ 7.00 = \_\_\_\_\_  
Gate Fees \_\_\_\_\_ Adult X \_\_\_\_\_ Days X \$ 6.00 = \_\_\_\_\_  
\_\_\_\_\_ Child X \_\_\_\_\_ Days X \$ 3.00 = \_\_\_\_\_

**DUE DAY OF RODEO** \_\_\_\_\_

### MEDICAL RELEASE:

We, the parents or guardians of \_\_\_\_\_ give the hospital and the physicians on the medical staff of the hospital in attendance at the rodeo permission to administer NECESSARY EMERGENCY treatment for injuries he/she may incur while participating in the KY Junior Rodeo. We understand each contestant must be and is covered by medical insurance. We hereby release the local hospital, physicians on the medical staff and the rodeo sponsors from all liability.

\_\_\_\_\_ and \_\_\_\_\_

**Both Parents/Guardians Must Sign  
(Custodial parent or both if joint custody)**

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Grade: \_\_\_\_\_

**WRANGLER MEMBER:** \_\_\_ YES \_\_\_ NO

## Boys Division II

Sat	Sun	Event	X Entered		\$ Per Event	Total
___	___	Breakaway	_____	X	\$ 12.00 =	_____
___	___	Bull Riding /Steer Riding	_____	X	\$ 17.00 =	_____
___	___	Goat Tying	_____	X	\$ 12.00 =	_____
___	___	Ribbon Roping (RR)	_____	X	\$ 12.00 =	_____
___	___	Steer Wrestling	_____	X	\$ 12.00 =	_____
___	___	Tie-Down Calf Roping	_____	X	\$ 12.00 =	_____
___	___	Team Roping (TR)	_____	X	\$ 12.00 =	_____

TR Partner: \_\_\_\_\_

**Event Total** \_\_\_\_\_

TR Header: \_\_\_\_\_

RR Partner: \_\_\_\_\_

RR Runner: \_\_\_\_\_

## Girls Division II

Sat	Sun	Event	X Entered		\$ Per Event	Total
___	___	Barrel Racing	_____	X	\$ 7.00 =	_____
___	___	Breakaway	_____	X	\$ 12.00 =	_____
___	___	Goat Tying	_____	X	\$ 12.00 =	_____
___	___	Pole Bending	_____	X	\$ 7.00 =	_____
___	___	Ribbon Roping (RR)	_____	X	\$ 12.00 =	_____
___	___	Team Roping (TR)	_____	X	\$ 12.00 =	_____

TR Partner: \_\_\_\_\_

**Event Total** \_\_\_\_\_

TR Header: \_\_\_\_\_

RR Partner: \_\_\_\_\_

RR Runner: \_\_\_\_\_

Event Total		<b>Event Total</b>	=	_____
KJRA Insurance (Non Wrangler)	_____ Days	X \$ 7.00	=	_____
Wrangler Insurance	_____ Days	X \$ 3.25	=	_____
Gate Fees	_____ Adult X _____ Days	X \$ 6.00	=	_____
	_____ Child X _____ Days	X \$ 3.00	=	_____

**DUE DAY OF RODEO** \_\_\_\_\_

### MEDICAL RELEASE:

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