

# 6 UNDER ENTRY FORM

CONTESTANT NAME: \_\_\_\_\_ MEMBER: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_

SATURDAY	(X)	SUNDAY	(X)
MUTTON BUSTING	\$20 _____	MUTTON BUSTING	\$20 _____
FLAGS	\$15 _____	FLAGS	\$15 _____
BARRELS	\$15 _____	BARRELS	\$15 _____
POLES	\$15 _____	POLES	\$15 _____
GOAT UNDECORATING	\$15 _____	GOAT UNDECORATING	\$15 _____
CALF DUMMY ROPING	\$10 _____	CALF DUMMY ROPING	\$10 _____
EVENT SUBTOTAL	\$ _____	EVENT SUBTOTAL	\$ _____
FACILITY FEE (1X PER FAMILY)	\$15 _____	FACILITY FEE (1X PER FAMILY)	\$15 _____
TOTAL DUE SATURDAY	\$ _____	TOTAL DUE SUNDAY	\$ _____

PAID \_\_\_\_\_  
(SECRETARY INITIAL)

*office use only*

**\*\*\*CASH ONLY\*\*\***

