

7-9 ENTRY FORM

CONTESTANT NAME: _____ MEMBER: YES _____ NO _____

DATE _____

SATURDAY	(X)	SUNDAY	(X)
FLAGS	\$15 _____	FLAGS	\$15 _____
BARRELS	\$15 _____	BARRELS	\$15 _____
POLES	\$15 _____	POLES	\$15 _____
GOAT TYING	\$20 _____	GOAT TYING	\$20 _____
BREAKAWAY CALF ROPING	\$25 _____	BREAKAWAY CALF ROPING	\$25 _____
BREAKAWAY STEER ROPING	\$25 _____	BREAKAWAY STEER ROPING	\$25 _____
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*****

