

16 UNDER ENTRY FORM

CONTESTANT NAME: _____ MEMBER: YES _____ NO _____

DATE _____

SATURDAY	(X)	SUNDAY	(X)
TEAM ROPING		TEAM ROPING	
HEADER #1	\$30_____	HEADER #1	\$30_____
PARTNER	_____	PARTNER	_____
HEADER #2	\$30_____	HEADER #2	\$30_____
PARTNER	_____	PARTNER	_____
HEELER #1	\$30_____	HEELER #1	\$30_____
PARTNER	_____	PARTNER	_____
HEELER #2	\$30_____	HEELER #2	\$30_____
PARTNER	_____	PARTNER	_____
CHUTE DOGGING	\$30_____	CHUTE DOGGING	\$30_____
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*****