

4 UNDER ENTRY FORM

CONTESTANT NAME: _____ MEMBER: YES _____ NO _____

DATE _____

SATURDAY	(X)	SUNDAY	(X)
STICK HORSE BARRELS	\$10 _____	STICK HORSE BARRELS	\$10 _____
STICK HORSE POLES	\$10 _____	STICK HORSE POLES	\$10 _____
DUMMY ROPING	\$10 _____	DUMMY ROPING	\$10 _____
GOAT UNDECORATING	\$10 _____	GOAT UNDECORATING	\$10 _____
EVENT SUBTOTAL	\$ _____	EVENT SUBTOTAL	\$ _____
FACILITY FEE (1X PER FAMILY)	\$15 _____	FACILITY FEE (1X PER FAMILY)	\$15 _____
TOTAL DUE SATURDAY	\$ _____	TOTAL DUE SUNDAY	\$ _____

PAID _____ *office use only*
(SECRETARY INITIAL)

*****CASH ONLY*****

