

**HALLETTSVILLE TEXAS STATE CHAMPIONSHIP HIGH SCHOOL RODEO  
TYRA RODEO  
SATURDAY, APRIL 22, 2017  
9:30AM  
WM & ALTON ALLEN EXPOSITION CENTER  
449 CR 200  
HALLETTSVILLE, TEXAS**

1. SPECIAL REQUESTS MUST ACCOMPANY ENTRY BLANKS.
2. THE BACK GATE WILL BE OPEN IN ALL ROPING EVENTS
3. EVENTS WITH LESS THAN FOUR ENTRIES MAY NOT BE HELD.
4. LOCAL CONTESTANTS WILL NOT BE ALLOWED TO ENTER ANY ROUGH STOCK EVENTS.
5. NO CONFIRMATIONS WILL BE SENT UNLESS A SELF-ADDRESSED POST CARD IS MAILED IN WITH ENTRY.
6. ABSOLUTELY NO REFUNDS.
7. ENTRIES MUST BE POSTMARKED BY **APRIL 10, 2017**. LATE ENTRIES WILL BE ACCEPTED IF IN THE HANDS OF THE RODEO SECRETARY NO LATER THAN **APRIL 17, 2017** AND MUST BE ACCOMPANIED BY A \$25.00 LATE FEE PER CONTESTANT.
8. NO HATS REQUIRED AT ANY TIME. ALL OTHER TYRA RULES WILL BE ENFORCED AT ALL TIMES.
9. A contestant must be a paid member in TYRA or non-member residing anywhere with a \$25 non-member fee. Non-TYRA contestants must have a notarized release form.
10. DECISION OF JUDGES IS FINAL.

MAIL ENTRY BLANKS TO **Anne Dollery**  
PO Box 1818  
Gonzales, TX 78629  
979-412-2551  
texasyouthrodeo@gmail.com

11. MAKE CHECKS PAYABLE TO : HALLETTSVILLE TEXAS STATE CHAMPIONSHIP HIGH SCHOOL RODEO
12. PLEASE COORDINATE WITH YOUR PARTNER-NO CALLS WILL BE MADE.
13. ORDER OF EVENTS: , Poles, Tiedown, Cloverleaf Barrels, Steer Wrestling (Ft. Bend Sunday rodeo ran on Sat), Breakaway, Figure 8's, Ribbon Roping, Goats, Team Roping

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**EMERGENCY MEDICAL FORM FOR ALL ROUGH STOCK RIDERS**

THE TEXAS STATE CHAMPIONSHIP HIGH SCHOOL RODEO, INC. CANNOT AND WILL NOT ASSUME ANY FINANCIAL OBLIGATIONS, BUT WISHES TO PROVIDE THE BEST SERVICES POSSIBLE IN AN EMERGENCY. PLEASE READ THE FOLLOWING STATEMENT AND FILL IT OUT CAREFULLY BEFORE SIGNING.

In case of an accident or serious illness, I request the HALLETTSVILLE TEXAS STATE CHAMPIONSHIP HIGH SCHOOL RODEO. to contact me. I hereby authorize the Emergency Medical Personnel to treat or transport my child, \_\_\_\_\_, to the nearest hospital for treatment. I also authorize the attending hospital and doctors to treat my child as necessary.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Emergency Contact phone number

\_\_\_\_\_  
Date