

**2010 20X Extreme Showcase Entry Blank**

Sunday, January 31, 2010, 2:00 pm in the Rushmore Plaza Civic Center, Rapid City, SD

**Entries must be postmarked by November 1, 2009**

Contestant \_\_\_\_\_ NHSRA# \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Grade \_\_\_\_\_ School Name & City \_\_\_\_\_  
Invited Event BA BB BK BR CR GT PB SB SW TR  
Men's shirt size (Circle) S M L XL Women's shirt size (Circle) S M L XL

**Check in begins at 11:30 am and ends at 1:00 pm.** Enter building at the NW entrance. Trailer parking is in the NW parking lot of the Civic Center. **There is a \$20 entry fee for contestants.** Event winners will receive a Ralph Maynard Trophy Buckle. We are anticipating four \$500 scholarships to be available for seniors. Contestants have free admission. Tickets for family and friends can be purchased that day or call the Rushmore Plaza Civic Center at 1-800-GOT-MINE. It is set as a General Admission Family Day performance - 5 tickets for \$40.00; Rows 1-12 in the balcony are \$15.00 reserved tickets. VIP section tickets are \$28.00. If you need a helper in your event, you can pick up a helper's pass at check-in. The helper will have to purchase a general admission ticket to the rodeo. Please fill out the biography sheet and return it with this entry form. **Contact Sutton Rodeo immediately if you decide to draw out of the rodeo for any reason so we can contact the alternate in your event. Contact numbers: office (605) 258-2863; Steve home (605) 258-2596; Steve cell (605) 381-0270; Kim cell (605) 258-0280.**

WE, THE PARENTS/GUARDIAN OF THE ABOVE NAMED CONTESTANT GIVE THE LOCAL HOSPITAL, ITS PHYSICIANS AND MEDICAL STAFF, PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR INJURIES HE/SHE MAY INCUR WHILE PARTICIPATING IN THE 20X EXTREME SHOWCASE RODEO. WE UNDERSTAND THAT EACH CONTESTANT MUST BE AND IS COVERED BY MEDICAL INSURANCE. WE HEREBY RELEASE THE LOCAL HOSPITAL, ITS PHYSICIANS AND MEDICAL STAFF AND THE RODEO COMMITTEE AND SPONSORS FROM ALL LIABILITY.

Contestant's Signature \_\_\_\_\_  
Parents/Guardian Signature \_\_\_\_\_  
Notary Public \_\_\_\_\_ Date \_\_\_\_\_  
Commission Expires:

**Mail entry to Sutton Rodeo, PO Box 402, Onida, SD 57564 by November 1, 2009**

PLEASE FILL OUT AND RETURN WITH YOUR ENTRY, SO THE ANNOUNCERS WILL HAVE SOME BACKGROUND INFORMATION ON YOU. **PLEASE PRINT.**

NAME \_\_\_\_\_ BACK NUMBER \_\_\_\_\_  
(LAST) (FIRST)

HOME TOWN \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

DIST OR REG # \_\_\_\_\_ DID PARENTS RODEO \_\_\_\_\_  
(LIST ALL)

YEAR IN HIGH SCHOOL \_\_\_\_\_

NUMBER OF YEARS IN HIGH SCHOOL RODEO \_\_\_\_\_

HIGH SCHOOL RODEO EVENTS \_\_\_\_\_

HORSES NAME \_\_\_\_\_

WRANGLER ALL STAR TEAM MEMBER YES NO

# OF YEAR(S) ON WRANGLER ALL STAR TEAM \_\_\_\_\_

EDUCATION GOALS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SCHOOL ACCOMPLISHMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT YOU LIKE ABOUT HIGH SCHOOL RODEO \_\_\_\_\_

\_\_\_\_\_

PLANS AFTER HIGH SCHOOL \_\_\_\_\_

\_\_\_\_\_