



**KAUAI ALL-GIRLS RODEO ASSOCIATION**  
 Sponsored by the YMCA  
**CJM ARENA**  
**RODEO STARTS 10:00 a.m.**  
**ENTRIES DUE: \_\_\_\_\_ (Postmarked)**

Entries and Membership forms available online at [www.kauaiallgirlsrodeo.com](http://www.kauaiallgirlsrodeo.com). Click on the Members tab.

# of Go's	Event	Fee (stock included)	Total
1	<b>3D BARREL RACING</b> 1 <sup>st</sup> : _____ 2 <sup>nd</sup> : _____	\$ 15.00 (per horse)	\$ _____
1	<b>3D POLE BENDING</b> 1 <sup>st</sup> : _____ 2 <sup>nd</sup> : _____	\$15.00 (per horse)	\$ _____
2	<b>TEAM ROPING ( 3 PARTNER MAX)</b> Sharing horse with _____  1. _____ 2. _____ 3. _____ _____ I am willing to rope as an odd man	\$18.00 (per partner )	\$ _____  I will: Head or Heel Head or Heel Head or Heel _____ HD/HL
progressive after 1	<b>STEER UNDECORATING</b> Sharing horse with _____	\$18.00	\$ _____
progressive after 1	<b>GOAT TYING</b> Sharing horse with _____	\$18.00	\$ _____
progressive after 1	<b>BREAK-A-WAY ROPING</b> Sharing horse with _____	\$18.00	\$ _____
		Subtotal	\$ _____
		Arena Fee	\$ 5.00
		*Membership Dues 1 x only	\$ _____
		Office Fee	\$ 5.00
		<b>No late fee/No late entries</b>	
		<b>Total entry fees enclosed</b>	<b>\$ _____</b>

\*Membership is \$10 annually  
 \*\*Non-members must pay a \$5 non-membership fee per rodeo  
 \*\*All contestants must pay a \$1 Kauai Roping Club Fee annually

**ENTRIES WILL NOT BE ACCEPTED AFTER: \_\_\_\_\_ (HAND DELIVER)**  
 Make checks payable to: Kauai All-Girls Rodeo Association

<b>Mail Entries to:</b> Kauai All-Girls Rodeo Assn. Attn: Corinna Vasconcelles P.O. Box 383 Koloa, HI 96756	<b>OR</b>	<b>Hand Deliver to (No later than 7 p.m.)</b> 3170 Hikina Road Koloa, HI 96756
---	-----------	--

**ENTRIES MUST BE POSTMARKED NO LATER THAN: \_\_\_\_\_**

**WAIVER**

I the undersigned hereby waves any claims against and releases and agrees to hold free and harmless each and all of the following in consideration for being allowed to participate in this rodeo event: the Kauai All Girls Rodeo Association, YMCA, CJM Stables, and any of their members, officers, and directors their heirs and assigns in the event of injury to me or my personal property during this rodeo or anything in any way connected with this rodeo.

Name (Print)	Signature of contestant
Mailing address: _____	*If under 18 signature of parent or legal guardian
Medical insurance and Policy # or SS # _____	Phone# _____
Office Use Only:	E-mail address: _____

arena fee _____	office fee _____	Late fee _____	amt paid _____
membership fee _____	KRC Fee _____		Cash/Ck# _____
			amt refund _____