



**82nd Annual Tohono O'odham Nation
Rodeo & Fair O'odham Wapkiel Ha-Tas
All Indian Jr. Rodeo
Friday, January 31, 2020 @ 9AM
CONTESTANT ENTRY FORM**



Mail in Entries Open: November 18, 2019

Entries Must Be Post Marked by:

Saturday, January 18, 2020

Include - Entry Form(s)/Waiver(s) & Payment

Money Orders/Cashier's Checks Only

Mail Entries To:

Tohono O'odham Nation Rodeo

Attn: Treasury

P.O. Box 837

Sells, Arizona 85634

Walk In Entries Open/Close:

November 18, 2019 - January 17, 2020

Tohono O'odham Nation Treasury Department

9:00 AM – 4:00 PM M-F Daily

OR Debit payment over the phone: 520-383-1800
x2453, 2466, 2464 entry form must be emailed to
cashieroffice@tonation-nsn.gov or faxed to 520-383-3263 prior to calling in payment.

LAST DAY TO WALK-IN – Saturday, January 25, 2020 @ 9AM – 3PM @Tohono O'odham Nation's Treasury Department, Entry Form(s) & Payment Entry will be accepted if event does not exceed its limit. "THERE WILL BE A \$20 LATE FEE"

Contestant Name: _____ Tribe _____

Address: _____ City: _____ State: _____ Zip _____

Name of Parent or Legal Guardian _____ Contact Number: _____

SS# (Parent's or Responsible Person) _____ (Required for payout)

(Please check division and circle event(s) entering)	MUST STAY IN AGE GROUP	Total Amount
<input type="checkbox"/> Buckaroo: Ages 5 & under / \$20 per event (Wooley Riders – Safety Vest Required) LIMIT 30 Per Event		
<input type="checkbox"/> Stick Horse Barrels <input type="checkbox"/> Stick Horse Race <input type="checkbox"/> Dummy Roping <input type="checkbox"/> Wooley Riding		\$ _____
<input type="checkbox"/> Pee Wee: Ages 6-9 / \$25 per event (Calf Riders – Safety Vest Required) LIMIT 30 Per Event		
<input type="checkbox"/> Ribbon Roping <input type="checkbox"/> Barrel Racing <input type="checkbox"/> Calf Riding <input type="checkbox"/> Pole Bending		\$ _____
<input type="checkbox"/> *Team roping 1x <input type="checkbox"/> *Team roping 2x		
<input type="checkbox"/> Jr.: Ages 10-13 / \$30 per event (Steer Riders – Safety Vest Required) LIMIT 30 Per Event		
<input type="checkbox"/> Breakaway <input type="checkbox"/> Barrel Racing <input type="checkbox"/> Steer Riding <input type="checkbox"/> Pole Bending		\$ _____
<input type="checkbox"/> *Team roping 1x <input type="checkbox"/> *Team roping 2x		
<input type="checkbox"/> Sr.: Ages 14-17 / \$35 per event (Bull Riders – Safety Vest Required) LIMIT 30 Per Event		
<input type="checkbox"/> Barrel Racing <input type="checkbox"/> Bull Riding <input type="checkbox"/> Pole Bending <input type="checkbox"/> Chute Dogging		\$ _____
<input type="checkbox"/> Breakaway <input type="checkbox"/> *Team Roping 1x <input type="checkbox"/> *Team Roping 2x		

(No Refunds. Except with an acceptable Doctor's/Veterinary's Note) **Total Fees Enclosed: \$ _____**

Header: _____ Heeler: _____

Header: _____ Heeler: _____

-Western attire will be strictly enforced for all contestants and helpers - Ribbon Roping Roper and Muggler must be 18 & over

-*Team Roping Partner must be 18 & Over in all Divisions.

WAIVER

In consideration of being allowed to participate in the Tohono O'odham Nation All Indian Jr. Rodeo January 31, 2020, the receipt of such permission hereby acknowledged, the undersigned hereby releases the Tohono O'odham Nation, its sponsors and volunteers from all legal actions whatsoever arising out of or related to any loss, damage, or injury, including death which may be sustained by me or by any property in my possession or control, while in, on or upon the premises.

I am aware of the risks and hazards inherent upon entering said premises and/or participating in any of these events, and I elect and voluntarily assume all risks of loss, damage, injury and including death, to said property or me.

This release shall be binding upon me, my heirs, next of kin, executors and administrators and I acknowledge and represent that I have authority to execute this waiver.

I am also aware that these premises are alcohol and drug free!

Participant _____ Date _____ Parent/ Guardian (*Contestant under 18 years of age*) _____ Date _____

OFFICE USE ONLY Cash/MO/Card _____ DB _____ SECRETARY _____