

85TH ANNUAL TOHONO O'ODHAM NATION RODEO & FAIR O'ODHAM WAPKIAL HA-TAS O'ODHAM WAPKIAL TEAM ROPING/WILD HORSE RACE FEBRUARY 3 & 4, 2024

CONTESTANT ENTRY FORM

Mail in Entries Open: November 27, 2023 **Entries Must Be Post Marked by:**

January 19, 2024 Include - Entry Form(s)/Waiver(s) & Payment *Money Orders or Cashier's Checks Only* TEAM EVENTS MUST HAVE FULL PAYMENT **ENCLOSED OR PAYMENT WILL NOT BE**

ACCEPTED

Mail Entries To:

Tohono O'odham Nation Rodeo Attn: Treasury P.O. Box 837 Sells, Arizona 85634

Walk In Entries

November 27, 2023 - January 19, 2024 Tohono O'odham Nation Treasury Department 9AM – 4PM 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.

AST DAY TO WALK-IN - Sa ate Fee \$20.00 per Conte	aturday, January 27, 2024 @ 9AM – 2PM @ To stant.	hono O'odham Nation's	s Treasury Department
ame:	Tril	oe	
ldress:	City:	State:	Zip
#	Contact Number	:	
\$100/Team (Enter 3	Japkial Roping (Must be a Gila River, To BX) Must show proof of Tribal affiliation u	oon request such as T	ribal ID or CIB.
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^{**}Western attire will be strictly enforced for all contestants and helpers/Safety Vest required for all riders**

WAIVER

In consideration of being allowed to participate in the Tohono O'odham Nation All Indian Rodeo Events February 2, 3, 4, 2024, I, the undersigned participant or Parent/Guardian of participant, hereby acknowledge that by attending and/or participating in the Rodeo and Fair, I am assuming all risks, including, but not limited to, illness, injury, death or property loss and agree to release the Tohono O'odham Nation, its departments, programs, agents, sponsors and volunteers from liability, including 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 and injury, including death, to said property or me.						
- ·	•	kin, executors and administrators and I acknowledge and at these premises are alcohol and drug free!	represent that I			
Participant	Date	Parent/ Guardian (Contestant under 18 years of age)	Date			
OFFICE USE ONLY SECRETARY	Cash/MO/Card _	DB				