



KAUAI ALL GIRLS RODEO ASSOCIATION
Sponsored by the YMCA

RODEO STARTS 10 A.M. @ CJM Arena

ENTRIES DUE: Postmark 13 days prior to rodeo (Mon)
VENMO DUE: 11 days prior (Wed) 10PM

# of Go's	Event	Fee	Total
1	4D Barrel Racing	\$15 per horse	\$ _____
	1st: _____ 2nd: _____		
1	4D Pole Bending	\$15 per horse	\$ _____
	1st: _____ 2nd: _____		
2	Team Roping (3 PARTNER MAXIMUM)	\$18 per partner	\$ _____
	Sharing horse with _____		
	1. _____ Head or Heel		
	2. _____ Head or Heel		
	3. _____ Head or Heel		
	I am willing to rope with an odd man as a _____ HD/HL		
OPTION 1: PAY AND IF YOU PLACE YOU WILL RECEIVE CHECK. (2) DO NOT PAY AND NO PAYOUT RECEIVED.			
Payment must be received before start of Rodeo			
1	Goat Tying (if stock available)	\$18	\$ _____
Progressive	sharing horse with _____		
After 1	Break-a-way Roping	\$18	\$ _____
	Sharing horse with _____		
***Membership fees \$100 annually; Family fee is \$150(under 18)		Total entry fees due	\$ _____
***Non Member rodeo fee is \$20 per rodeo		Arena Fee	\$ 15.00
		*Membership Dues 1 x only	\$ _____
		Office Fee	\$ 10.00
		Total Entry Fees enclosed	\$ _____

ENTRIES WILL NOT BE ACCEPTED AFTER: 9 days prior to rodeo

Make checks payable to: Kauai All-Girls Rodeo Association

Payment Options:

Venmo: @KAGRKAUAI

Check: Kauai All Girls Rodeo Association

NO CASH WILL BE ACCEPTED

Entry Options:

Email: KagraKauai@gmail.com

Mail: Kim Medeiros

P.O. Box 737

Lawai, HI 96765

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: _____

Signature: _____

Mailing address: _____

Phone# _____

Office Use Only:

Arena fee _____ office fee _____ Late fee _____ amt paid _____ Cash/Ck# _____
Membership fee _____ KRC Fee _____ amt due _____ amt refund/due _____

CONTESTANT NAME _____