

PLEASE FILL OUT THE ENTRY AS AN APPLICATION FOR A COMPETITION:

MAIL WITH \$50 NON-REFUNDABLE DEPOSIT BY MAY 16 TO: KRISTI KOCH, 1969 N 275TH ROAD, CLYDE, KS 66938

NAME: _____

DATE OF BIRTH: _____

PARENTS OR LEGAL GUARDIANS: _____

PARENTS OR COACHES ATTENDING CLINIC: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

THREE WORDS BEST DESCRIBE YOU: _____

WHY DO YOU WANT TO BE _____ RODEO QUEEN OR PRINCESS (FILL IN THE BLANK AND ANSWER ACCORDINGLY):

HORSE SHOW OR RODEO EXPERIENCE: _____

WHAT WILL YOU DO TO PROMOTE OUR RODEO: _____

WHAT DO YOU WANT TO LEARN FROM THIS CLINIC: _____
