

LBW -- 2019-2020 SCHOOL YEAR MEMBERSHIP

Parent/Legal Guardian

Parent Name: _____

Address: _____

City: _____ State/Zip Code: _____

Phone Number (we can reach you at while at rodeo): _____

Email Address (required for all correspondence sent to contestant):

Contestant Information as of Sept 1, 2019 New contestants will receive an email with information on how to enter along with their back-tag number. Children must be 6 years of age by rodeo date to participate.

Name: _____ Birth Date: _____ LBW# _____

M ___ F ___ Current Grade: _____ T-Shirt Size _____

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LBW 2019-2020 Schedule

August 31- Sept 1st --Co Sanctioned Holman

Sept 7th-8th- Viroqua May 11-12th

Gays Mills- Tentative May 9th – 10th

Lancaster- Tentative May 30th-31st

La Valle- Tentative June 6th -7th

Highland- Tentative July 4th-5th

Mondovi - Tentative July 11th-12th

Neosho- Tentative Aug 1st-2nd

Amherst FINALS- Tentative Aug 15th-16th

For contestant to be eligible this form must be notarized.

Parent Signature: _____

On this _____ day of _____ 20_____, before me, personally appeared _____, To me known to be the person who executed the foregoing release and acknowledged that they signed same as their free act and deed. The person above is responsible for all medical treatment of contestant(s) listed above. I understand that each contestant(s) must be and is covered by medical insurance. I hereby release the Hospital/Emergency Medical Center, Physicians on the Medical Staff and the Rodeo sponsors from all liabilities.

Notary Public Date My Commission Expires: _____

Please include \$50 check or money order for the family membership.

Mail completed form and payment to Katie Richert E7179 Gavin Rd Lyndon Station, WI 53944