

2020-2021 LBW MEMBERSHIP

Use the grade in school as of September 2020

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, 2020 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 _____

Name: _____ Birth Date: _____ LBW# _____

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

Name: _____ Birth Date: _____ LBW# _____

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

Name: _____ Birth Date: _____ LBW# _____

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

Name: _____ Birth Date: _____ LBW# _____

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

2020-2021 LBW MEMBERSHIP

Use the grade in school as of September 2020

LBW 2020-2021 Schedule

August 22nd – 23rd-- Mondovi

September 5th-6th --Co Sanctioned Holmen

September 12th-13th-- Viroqua

2021

LBW Clinic- Tentative April 17th-18th

Gays Mills- Tentative May 8th-9th

LBW- Tentative May 29th-30th

Lancaster- Tentative June 5th-6th

Highland- Tentative July 3rd-4th

LBW-Tentative July 10th-11th

Neosho- Tentative Aug 7th-8th

Amherst FINALS- Tentative Aug 21st-22nd

For contestant to be eligible this form must be notarized. Parent signing gives contestant(s) permission to enter and compete in the rodeos.

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 made out to LBW for the family membership.

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