National Little Britches Rodeo Association
FINAL REPORT

Little Britches Rodeo (City & State)

Rodeo Dates ___________________________ Rodeo Classification ________________

Performances ________________ Slack ________________

The following materials must be sent to the National Office with your final report (within EIGHT DAYS following the completion of the rodeo).

1. Copy of MASTER ENTRY SHEETS
2. Copy of the OFFICIAL TIMERS & JUDGES’ SHEETS FOR EACH EVENT/EACH RODEO with ALL TIMES & SCORES RECORDED and ALL SHEETS SIGNED.
3. Copy of NON-MEMBER LIST, including COMPLETE ADDRESSES
4. DISQUALIFICATION FORM, if any
5. Copy of PROGRAM, if possible
6. Copy of ALL INJURY REPORTS
7. MONIES DUE NLBRA, which includes NLBRA contestant fee, non-member fee and any additional Franchise Fee
8. ASSOCIATE MEMBER VERIFICATION FORM
9. NLBRA JUDGES STOCK INSPECTION FORM
10. PRIZE LIST (required for all rodeos)
11. List of Certified Directors and Youth Certified Directors

MONIES DUE NATIONAL OFFICE

Total number of contestants for Rodeo #1 ____________ x $10.00 fee = ____________

Total number of non-members: ____________ x $25.00 fee = ____________

Total number of contestants for Rodeo #2 ____________ x $10.00 fee = ____________

Total number of non-members: ____________ x $25.00 fee = ____________

Franchise Fees: ____________ x $75/$85/$95=

Is check attached? Yes _________ No __________

INJURIES – Number of injuries reported through the First Aid____________________

Did you give Claim Form to all injured contestants? Yes _________ No __________

DISQUALIFICATIONS – Number of contestants disqualified: ______________________

Are Disqualification Forms attached? Yes _________ No __________

Signed: ____________________________

(Rodeo Secretary)
All Judges: Please fill out the following information on the following events:

Name of Rodeo: ____________________  Rodeo Date: ____________________

Box Dimensions:
Steer Wrestling: Box: Score: __________ Neck Rope: _____
Team Roping: Box: Score: __________ Neck Rope: _____
Calf Roping: Box: Score: __________ Neck Rope: _____
Breakaway: Ribbon Roping

Trail Course Pattern: (Please Draw Out)

Barrel Pattern

Flag Race

Please fill in all dimensions for each blue line.

Judges Signature: ____________________
Judges Signature: ____________________
ASSOCIATE MEMBER VERIFICATION FORM

This form must be completed and signed by the rodeo secretary, to verify the current card #’s for all associate members working at your rodeo. Return to the National Office along with the Final Report.

NAME OF RODEO

CITY, STATE

RODEO DATE (S)

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<thead>
<tr>
<th>ASSOCIATE MEMBER NAME</th>
<th>CARD #</th>
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<tr>
<td>STOCK CONTRACTOR</td>
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<td>STOCK CONTRACTOR</td>
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<td>CLOWN/BULLFIGHTER</td>
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<td>PICK-UP MAN</td>
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<td>PICK-UP MAN</td>
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<td>ANNOUNCER</td>
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<td>PHOTOGRAPHER</td>
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RODEO SECRETARY’S SIGNATURE:

ASSOCIATE MEMBER VERIFICATION FORM.doc

4:51:00 PM Jill Solberg

Updated 8/10/2009
NLBRA Judge Stock Inspection Form

Stock Contractor's Name: _______________________________________

Rodeo Name: ________________________________________________

Rodeo Date: _________________________________________________

**Pre-rodeo Inspection:**

1. Were all horns on the steer wrestling cattle blunted to the size of a dime? Yes □ No □
   If no, how many animals are in violation? ________________________

2. Are all the horned bulls used in bull riding blunted to the size of a half dollar? Yes □ No □
   If no, how many animals are in violation? ________________________

3. Were the calves or steers within the required weight limits? Yes □ No □
   If no, how many animals are in violation? ________________________

4. Were there any goat horns that exceed 4 inches that are not protected? Yes □ No □
   If yes, how many animals are in violation? ________________________

5. Did the stock contractor show the livestock the arena at least one hour before the start of the first performance and show all out gates? Yes □ No □

**During rodeo violations:**

6. Did the stock contractor use a “hot shot”? Yes □ No □
   If yes, did the stock contractor notify the contestant and the judge? Yes □ No □

7. Were there any bull tails under flank strap? Yes □ No □
   If yes, how many animals are in violation? ________________________

Comments: __________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Judge's Signature _____________________________________________

Judge's Printed Name __________________________________________
NON-MEMBER INSURANCE FORM

NAME OF RODEO _________________________________________
CITY, STATE ___________________________________________
RODEO DATE ___________________________________________

FOR INSURANCE REASONS WE MUST HAVE NON-MEMBERS FROM YOUR RODEO LISTED ON THIS SHEET AND RETURNED WITH YOUR RODEO RESULTS.

PLEASE PRINT OR TYPE AND INCLUDE FULL MAILING ADDRESS

<table>
<thead>
<tr>
<th>NAME</th>
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NLBRA FIRST AID / INJURY REPORT

LITTLE BRITCHES RODEO

CONTESTANT NAME: 

CONTESTANT #: 

NAME OF PARENT OR GUARDIAN: 

ADDRESS: 

CITY: ______________________ STATE: _______ ZIP: _______

DATE OF INJURY: _______ APPROXIMATE TIME OF INJURY: _______

WHERE DID INJURY OCCUR: ARENA ___ TRACK ___ GROUNDS ___ PRACTICE ___

DIVISION: SB ___ SG ___ JB ___ JG ___ LW ___ EVENT: ___________

* * * * * *

GENERAL AREA

HEAD ___ NECK ___ CHEST ___ ABDOMEN ___ GROIN ___

ARM L OR R ___ LEG L OR R ___ PATIENT TO HOSPITAL ___

NATURE OF INJURY

YES ___ NO ___

REMARKS: ____________________________

SIGNATURE OF FIRST AID PERSONNEL: ____________________________

FIRST AID PERSONNEL: THIS FORM IS TO BE GIVEN TO RODEO SECRETARY.

RODEO SECRETARY: SEND THIS FORM TO THE NATIONAL OFFICE WITH YOUR FINAL REPORT.

GIVE INSURANCE CLAIM FORM TO EACH INJURED CONTESTANT.
National Little Britches Rodeo Association
5050 Edison Ave, Suite 105, Colorado Springs, CO 80915
719-389-0333    Fax 719-578-1367    1-800-763-3694
www.nlbra.com

Old West Boot Certificate Request Form

Rodeo Secretary's Name:

Secretary's Email Address:

Franchised Rodeo Name:

Franchised Rodeo Date:

NLBRA Member's Name:

Address:

City:          State:          Zip:

Reason for awarding certificate:

Submit by Email
DISQUALIFICATION NOTICE

Disqualification from the NLBRA, is subject to appeal to the Executive Board for individual action, shall occur for the following:

1. Competing under an assumed name or falsifying any entry information
2. Presentation of a falsified membership card or another contestant's member card.
3. Attempting to enter any Little Britches Rodeo while under suspension.
4. Competing in any unapproved rodeo employing the name Little Britches.
5. Evasion of financial obligation on the part of a contestant or family member incurred as a result of entry or participation in any Little Britches Rodeo.
6. Failure to return any prizes erroneously awarded.

Any contestant disqualified from NLBRA competition has the right to petition the Executive Board for reinstatement. A statement from both the contestant and the party making the disqualification must be included on the petition.

For clarification of rules governing disqualification, see General Rules, Article III, Section 7, of the Rulebook.

CONTESTANT DISQUALIFIED
ADDRESS: ____________________________ STATE: ____________________________ ZIP: ____________________________
CITY: ____________________________ NLBRA CARD# (IF ANY): ____________________________ DATE OF VIOLATION: ____________________________

Disqualification was made for violation of (list rule by Article, Section and Subsection): ____________________________

EXPLANATION: ____________________________

AMOUNT DUE:

Was contestant notified of disqualification? YES NO
Was contestant notified of right to appeal? YES NO
Did Appeals Board hear evidence? YES NO
Was contestant present at Appeals Board? YES NO

COMMENTS: ____________________________
__________________________

DATE: ____________________________ SIGNATURE: ____________________________
POSITION: ____________________________ RODEO: ____________________________

If this notice is because of an evasion of financial obligation, please include copies of returned checks or master entry sheet.
MEDICAL INFORMATION

NAME OF RODEO ____________________________
CITY, STATE ______________________________
RODEO DATE ______________________________

INSTRUCTION: RODEO SECRETARY INDICATES ANY CONTESTANT WITH SPECIAL MEDICAL PROBLEMS, ALLERGIES, ETC.

<table>
<thead>
<tr>
<th>CONT #</th>
<th>CONTESTANT NAME</th>
<th>MEDICAL INFORMATION</th>
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**Denotes required fields**

### PART I – NATIONAL LITTLE BRITTONS RODEO ASSOCIATION INSURANCE PROOF OF LOSS

<table>
<thead>
<tr>
<th>* Denotes required fields</th>
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<tbody>
<tr>
<td><strong>State:</strong></td>
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<tr>
<td>Class 1: Registered Contestant ☐</td>
</tr>
<tr>
<td>* Type of Activity - All Approved (check one): Safety Seminar ☐ Qualifying Rodeo ☐ National Finals ☐</td>
</tr>
<tr>
<td>1. <strong>Claimant's First and Last Name (Injured Person)</strong></td>
</tr>
<tr>
<td>2. <strong>Social Security Number</strong></td>
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<tr>
<td>3. <strong>Gender</strong> M ☐ F ☐</td>
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<tr>
<td>4. <strong>Date of Birth</strong></td>
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<td>5. <strong>E-Mail</strong></td>
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<td>6. <strong>Address of Injured Person</strong></td>
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<tr>
<td>* City</td>
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<tr>
<td>* State</td>
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<tr>
<td>* Zip</td>
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<tr>
<td>7. <strong>Phone Number</strong></td>
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<tr>
<td>8. <strong>(If Minor) Parent's Name &amp; Address</strong></td>
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<tr>
<td>* City</td>
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<tr>
<td>* State</td>
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<tr>
<td>* Zip</td>
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<tr>
<td>9. <strong>Parent's Phone Number</strong></td>
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<tr>
<td>10. <strong>Date of Accident</strong></td>
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<tr>
<td>11. <strong>Date of First Treatment &amp; Name of Physician</strong></td>
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<tr>
<td>12. <strong>Did Injury Result in Death?</strong> YES ☐ NO ☐</td>
</tr>
<tr>
<td>13. <strong>Place Where Accident Occurred (Name of Town, Arena and Event You Were Participating in When Injury Occurred)</strong></td>
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<tr>
<td>14. <strong>Type of Injury</strong> (Indicate Part of Body Injured - e.g. broken arm, sprained ankle, etc. - specify left or right when applicable)</td>
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<tr>
<td>15. <strong>Describe How Accident Occurred – Give All Possible Details – Must be a Bodily Injury Due to Accident</strong></td>
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### PART II – OTHER INSURANCE STATEMENT

- If you/spouse/parent have medical/health care or is the claimant enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? YES ☐ NO ☐

- If Yes, name of insurance company Policy #

- Name of insurance company Policy #

- Claimant's primary employer name, address, and phone number

- Mother's primary employer name, address, and phone number

- Father's primary employer name, address, and phone number

- I agree that should it be determined at a later date there is insurance (or similar), to reimburse HEALTH SPECIAL RISK, INC., or the insurance company to the extent of any amount collectible.

**SIGNATURE OF PARTICIPANT OR PARENT** DATE

### PART III – AUTHORIZATION TO PAY BENEFITS TO PROVIDER

- I authorize medical payments to physician or supplier for services described on any attached statements enclosed. (If not signed, submit proof of payment)

**SIGNATURE** DATE

- I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

**SIGNATURE** DATE

### PART IV – RODEO SECRETARY VERIFICATION

- I hereby verify that the above member participated in the Rodeo or Activity on (date) during which the injury allegedly occurred.

**RODEO SECRETARY SIGNATURE** X

By entering your name above in Part II, Part III and Part IV, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.
FRAUD WARNING NOTICES

Any person who knowingly presents a false of fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Alabama
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona
For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Louisiana
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California
For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company, for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages, Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant, for the purpose of defrauding or attempting to defraud the policyholder or claimant, with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut
This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware
Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho
Any person who knowingly provides false or misleading information to an insurer, for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

District of Columbia
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Florida
For your protection, Florida law requires that you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Hawaii
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky
Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Maryland
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false or misleading information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan
Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject the person to criminal civil penalties.

Minnesota
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada
Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both and may be subject to civil penalties.

New Hampshire
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York
Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and such a person is guilty of a civil penalty.

Ohio
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon
Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filling a claim containing a false statement as to any material fact therein, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject the person to criminal and civil penalties.

Rhode Island
West Virginia
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas
Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah
Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.
Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “OTHER INSURANCE STATEMENT”, marking either yes or no, and signing the line for authorization, so that HSR and the doctors/hospital may communicate concerning your claim.

As denoted on the claim form, some information is required. Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to HSR for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to us.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to HSR at the address shown below.
3. The bills should indicate the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred (an itemized bill is usually in the HCFA-1500 or UB-04 format).
4. If this information is not on the bill when you send this in, we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” statements do not contain sufficient information to complete your claim.

EXCESS INSURANCE

1. This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage, you need to send the bills to your primary insurance first.
2. HSR will consider benefits after your other, primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
4. HSR will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (877) 534-7669. They are available from 8:00 a.m. thru 5:00 p.m. Central Time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or email to Rodeo@hsri.com.

Health Special Risk, Inc.
8400 Bellevue Drive, Suite 150
Plano, TX 75024
RODEO FRANCHISE
CANCELLATION AND DRAW-OUT POLICIES

FRANCHISE NAME: ________________________________

RODEO DATE(S): ________________________________

CANCELLATIONS CONTACT NAME: __________________

CONTACT PHONE NUMBER:(Required)
(Must be available throughout the Rodeo Weekend)

YOUR POLICY:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

REFUNDS: YES □ NO □