

Team No. _____

Lincoln County Fair RANCH RODEO

TEAM NAME: _____

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE: _____ **CELL:** _____

EMAIL: _____

ENTRY FEE: **\$200.00** **PAID**

Contact Chaz Mitchell 435-559-1917 or questions and information.

Contestant Signature

Date

Parent/Guardian if under 18 yrs old

Date