

MUTTON BUSTIN'

\$30.00 ENTRY FEE

RELEASE & ENTRY FORM

Entries close July 1st ▪ No late entries ▪ Limited to the first 52 children
Event to take place during Thursday PBR, Friday, Saturday & Sunday Rodeo performances

Entries must be post marked or faxed by July 1st - no phone entries. Please note: \$20 Post entry fee is required after July 1st.
Please refer to general rules for information, page 21. Fax entries to (805) 456-3832 or mail to:
Santa Barbara Fiesta Stock Horse Show & Rodeo, ATTN: Entries, P.O. BOX 1941 Santa Ynez, CA 93460.
Note that faxed entries will **ONLY BE ACCEPTED** if accompanied by credit card information.

Name of Child _____

Print Name of Parent/Guardian or Helper _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Home Phone (____) _____ Work or Cell Phone (____) _____

Age of Child *(as of July 1st) _____ Date of Birth _____ Weight of Child _____

(Child must be between 4 and 6 years of age and weigh less than 60 pounds.)

The undersigned does hereby voluntarily assume any and all risks arising out of and/or connected with his or her participation in the Mutton Bustin' Event and does hereby release Old Spanish Days in Santa Barbara, Inc., Old Spanish Days Fiesta Stock Horse Show & Rodeo, the 19th District Agricultural Association, the State of California and any and all other sponsors, their officials, directors, stock contractors, and agents harmless for any injury or loss suffered during or in connection with the show, whether or not loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of the show.

Parent or guardian of said minor shall sign this release and hereby agrees to hold said minor and each of the above persons harmless from any participation in the above named event. All photos taken during the Fiesta event remain property of the Old Spanish Days Stock Horse Show & Rodeo and may be publicized for the sole purpose of promoting the event.

Signature of Contestant or Parent/Guardian: _____ Date: _____

This form must be signed.

METHOD OF PAYMENT (check one) Check Visa MasterCard American Express

Card # _____ Exp _____ Sec Code _____

Print Name _____ Signature _____

WHOA!! • PLEASE DO NOT WRITE IN THIS SPACE • OFFICE USE ONLY • THANK YOU!!!!

Cash \$ _____ Check # _____ Check Amt \$ _____ Credit Card _____ Date _____