

2026 FOUNDER'S INVITATIONAL RODEO

**The Founding Families of Texas High School Rodeo
& CH Graphics present:**

Texas State Championship High School Rodeo Founders Invitational

October 10th - 11th, 2026

OFFICIAL CONTESTANT ENTRY FORM

\$30,000

Added!

ALL entries post marked on or before September 11, 2026

Please send to: THSRA 722 Southview Circle, Center, TX 75935

Name _____ Region _____

Address _____ City _____ State _____ Zip _____

Cell#(____) _____ Age _____ Grade _____

Entries are capped at 40 contestants in each event to compete for the jackpot of fees and the \$30,000 in added money

Schedule: Friday Night: can check in for stall and RV (not mandatory)

Saturday: Long go performances at 11 AM and 6 PM **Sunday:** Short go performance at 10 AM

Events Entered

Entry Fee

Both Parents Must Sign

Barrel Racing	\$125.00	_____
Pole Bending	\$125.00	_____
Breakaway Roping	\$125.00	_____
Goat Tying	\$125.00	_____
Bareback Riding	\$125.00	_____
Saddle Bronc Riding	\$125.00	_____
Bull Riding	\$125.00	_____
Calf Roping	\$125.00	_____
Steer Wrestling	\$125.00	_____
Team Roping/Header	\$125.00	_____
Team Roping/Heeler	\$125.00	_____

Team Roping Partner's Name _____

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A. ENTRY FEES (60% to jackpot) \$125.00/event \$ _____

B. OFFICE CHARGE \$ 35.00 _____

TOTAL: \$ _____

228 STALLS AND 50 RV SPOTS, FIRST COME FIRST SERVE

**Arena Address:
Wilbur Baber Memorial
Complex, 499 CR 200,
Hallettsville, TX 77964**

DO NOT SEND ENTRY TO THIS ADDRESS

ALL AROUND will be determined by points earned in long go & short go - using a 10 point system.

BOTH PARENTS &/OR GUARDIAN MUST SIGN BELOW

"We, the Parents or Guardians of _____ give the LAVACA MEDICAL CENTER OF HALLETTSVILLE, TEXAS ("LAVACA MEDICAL CENTER"), and the Physicians on the medical staff of such hospital permission to administer necessary emergency treatment for injuries he/she may incur while participating in the Texas State Championship High School Rodeo Founders Invitational on October 10th and 11th, 2026. We understand that each contestant must be and is covered by medical insurance. We hereby release LAVACA MEDICAL CENTER, Physicians on the medical staff, and Rodeo Sponsors, including Lavaca Exposition Association, from all liability."

_____ and _____

SIGNATURE OF NATURAL MOTHER

SIGNATURE OF NATURAL FATHER

SIGNATURE OF LEGAL GUARDIAN

STATE OF _____ §

COUNTY OF _____ §

On this ____ day of _____ 2026, before me, personally appeared _____, to me known to be the person(s) who executed the foregoing statement and acknowledged that they signed same as their free act and deed.

SEAL

Notary Public: _____

Notary's Printed Name: _____

My Commission Expires: _____