2024 MHSRA STATE FINALS OPTIONAL JACKPOT FORM

CONTESTANT NAME:	
BACK NO	
PHONE NO:	_ E-MAIL
PLACE A CHECK MARK IN THE SPACE BE	CSIDE EACH EVENT YOU WISH TO JACKPOT
BOYS' EVENTS	GIRLS' EVENTS
BAREBACK RIDING	BREAKAWAY ROPING
SADDLE BRONC RIDING	POLE BENDING
TIE-DOWN ROPING	BARREL RACING
STEER WRESTLING	GOAT TYING
BULL RIDING	CUTTING
CUTTING	REINED COW HORSE
REINED COW HORSE	
TEAM EVENTS	FEE TOTAL
TEAM ROPING	# of events x \$75 =
I AM A: Header Heeler Partner's Name: (Partner must also jackpot team roping. Each partner is	Mail jackpot form and entry form to MHSRA 34 EMILE DAVIS RD. POPLARVILLE, MS, 39470, no later than May 25, 2024.
responsible for paying their own jackpot fees.)	Payment must be received by May 25,

accepted. NO PAYPAL ACCEPTED.