

# 2026 MHSRA STATE FINALS OPTIONAL JACKPOT FORM

CONTESTANT NAME: \_\_\_\_\_

BACK NO. \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**\*\*PLACE A CHECK MARK IN THE SPACE BESIDE EACH EVENT YOU WISH TO JACKPOT\*\***

<i><b>BOYS' EVENTS</b></i>	<i><b>GIRLS' EVENTS</b></i>
_____ 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	
<i><b>TEAM EVENTS</b></i>	<i><b>FEE TOTAL</b></i>
_____ TEAM ROPING  I AM A: Header _____ Heeler _____  Partner's Name: _____ (Partner must also jackpot team roping. Each partner is responsible for paying their own jackpot fees.)	# of events _____ x \$75 = _____  <i>Mail jackpot form and entry form to            MHSRA 4165 ROAD 386. KILN, MS,            39556, no later than May 23, 2026.</i>  <i>Payment must be received by May 23,            2026, or entry will not be            accepted. NO PAYPAL ACCEPTED.</i>