Team Roster

TEAM NAME: ____________________________

CONTACT PERSON: ____________________________

ADDRESS: 


PHONE NUMBER: ____________________________

SPONSOR’S county Cattlemen’s Assoc.: ____________________________

NEATLY write, in the space provided the team members that will compete in each event.

STAMPEDE RACE: 2 TEAM MEMBERS – 1 MUST BE FEMALE.

______________________________

______________________________

RANCH BRONC RIDING:

______________________________

EVENTS THAT REQUIRE ALL 5 TEAM MEMBERS:
Calf Branding
Double Mugging
Team Doctoring
Team Sorting