



White Mountain Apache Tribe
99th Annual WMAT Fair & Rodeo
September 5, 2026
1:00 PM Performance – 8:00 AM Slack



All Indian Women's Rodeo Contestant Entry Form
(One form per contestant)

Contestant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____

First to enter, last to compete. Must be 18 years of age or older.
All Around Champion \$2500 & Buckle

- | | | |
|---|--|--|
| ☐ Team Roping (1x) - \$100/team – Limit 80 | ☐ Barrel Racing - \$50 – No Limit | ☐ Steer Daubing - \$50 - Limit 60 |
| ☐ Team Roping (2x) - \$100/team – Limit 80 | ☐ Steer Riding - \$50 - Limit 30 | ☐ Calf Dressing - \$150 per team – Limit 10 teams |
| ☐ Breakaway Roping - \$50 - Limit 80 | ☐ Tie Down Roping - \$50 - Limit 20 | ☐ Dept. Steer Riding \$50 – Limit 15 |

Header: _____
Heeler: _____

Header: _____
Heeler: _____

Calf Dressing Team Members

1. _____
2. _____
3. _____

Total Entry Fee: _____

Admin Fee: _____ \$30

Late Fee (applies after 8/16): _____ \$15

Total Fees Owed: _____

Contestant Waiver

In consideration of being allowed to participate in the White Mountain Apache Tribe Rodeo events, the undersigned hereby releases the White Mountain Apache Tribe, its Committees, Employees, Promoters, Officials, Agents, Representative or Volunteers from legal actions whatsoever arising out of or related to any loss, damage, or injury, including death which may be sustained by me or by any property in my possession or control, while in, on or upon the premises.

I am aware of the risks and hazards inherent upon entering said premises and/or participating in any of these events, and I elect and voluntarily assume all risks of loss, damage, injury and including death, to said property or me.

This release shall be binding upon me, my heirs, next of kin, executors and administrators and I acknowledge and represent that I have authority to execute this waiver.

Participant Signature: _____ Date: _____

For Office Use Only

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Total fees paid: _____ Money Order #: _____
Fees received by: _____ Receipt #: _____