# White Mountain Apache Tribe
# 99th Annual WMAT Fair & Rodeo
# September 6-7, 2026

## All Indian Rodeo Contestant Entry Form

(One form per contestant)

**Contestant Name:** _____

**Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

**Phone Number:** _____

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**All Indian Rodeo Events $100.00 per entry, team Roping $200.00 per team, please check event(s) entering**

**Sunday, September 6th - 1:00 PM & 6:00 PM – Monday, September 7th - Short Go 1:00 PM - Slack, Sunday, August 31st - 8:00 AM**

**First to enter, last to compete. $2000 added - $4000 team roping – All Around Champion $5000 & Saddle**

- ☐ Bareback – limit 10
- ☐ Saddle Bronc – limit 10
- ☐ Bull Riding– limit 80
- ☐ Steer Wrestling– limit 45
- ☐ Tie Down Roping– limit 60
- ☐ Team Roping (1x) – limit 125
- ☐ Team Roping (2x) –limit 125
- ☐ Team Roping (3x) – limit 125
- ☐ Ladies Barrel Racing–no limit
- ☐ Ladies Breakaway Roping– limit 80

Header: _____ Header: _____

Heeler: _____ Heeler: _____

Header: _____

Heeler: _____

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: _____

***(If under 18 years of age, a Parent or Guardian must sign)***

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

**For Office Use Only**

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