

Q: What are the age divisions?

A: 10-11 years old, 12-13 years old, 14-15 years old, and 16-17 years old.

Q: What is required equipment?

A: Helmet, Mouthpiece, Spurs, Protection Vest, and chaps (optional)

Q: Is a membership required and what is membership price?

A: Yes membership is required and the price for a membership is \$150.00.

Q: Can I join more than one region?

A: Yes. You can be part of any of the 5 regions, but a membership is required for each region joined.

Q: What is the birthday cut off?

A: The age the child is of January 1, 2017 will determine his age division.

Q: Can I ride an age division up?

A: No, you will only be allowed to ride in your age division.

Q: If I qualify in more than one region, can I compete for both regions at finals?

A: No, you will have to pick which region you will be wanting to go represent, so the other region can go to the next rider to take to finals.

Q: Will my points continue into the finals?

A: No, all points will become a clean slate at the finals.

Q: What are the finals dates?

A: December 7-11, 2017 in Las Vegas, NV at the Las Vegas Convention Center.

Q: How many events will I have to attend to qualify for finals?

A: There will be 6 events in each region and a minimum of 4 events will be required to make to qualify for finals.

Q: How many will be taken to the finals?

A: The top 4 in each division will be going to the finals. Total of 16 riders from each region.

Q: How many rounds will be at finals?

A: There will be 2 rounds for each division and top 10 in each division will go back to the short go on December 11, 2017.

Q: Do I have to have proof of a birth certificate and Insurance?

A: Yes an official copy of the birth certificate from court house will need to be provided and a copy of the health insurance card.

Q: Does this have anything to do with the MBR?

A: No this is a whole different organization then the MBR. MBR Will no longer be going to the NFR. This is the only way to qualify for the bullriding at the NFR.

Q: What are fees for events?

A: \$75 (\$45 to the pot/ \$30 stock)

Q: What are the fees for finals?

A: TBD

Region Directors and Names:

Southeastern Region Leal's Junior Bull Riding Championship- Alabama

Frankie Carpenetti- 205-441-8746

Southwest Region Leal's Junior Bull Riding Championship-Arizona

Brian Parker- 928-301-4656 Christina Parker- 520-921-0721

Mountain Region Leal's Junior Bull Riding Championship- Colorado

Roland Smith- 719-240-2058 Georgie Smith- 719-429-4650

Branded For Christ Region Leal's Junior Bull Riding Championship- Texas

Bubba Miller- 936-662-2645 Tammy Miller- 936-662-2648

Eastern Region Leal's Junior Bull Riding Championship- Pennsylvania

Dylan Murphy- 717-586-2227

Questions? Contact

Leal's Junior Bull Riding Co-Owners:

Cirildo Leal and Lillie Leal- 806-292-6239

Secretary:

Alysa Leal-Davis- 80-685-9797

Payouts at event-

1-5 riders= 100%

1-10 riders= 1st- 60%, 2nd- 40%

1-15 riders= 1st- 50%, 2nd- 30%, 3rd- 20%

1-20 riders= 1st- 40%, 2nd-30%, 3rd-20%, 4th-10%

Point System-

Riders Score from judges plus these bonus points

<u>Rounds and Short Go's:</u>	<u>Average:</u>
1 st -100	1 st -300
2 nd -90	2 nd - 270
3 rd -80	3 rd -240
4 th -70	4 th -210
5 th -60	5 th -180
6 th -50	6 th -150
7 th -40	7 th -120
8 th -30	8 th -90
9 th -20	9 th -60
10 th -10	10 th -30

Contestant will have to compete in one of these types of spurs. If contestant has any other kind of spurs on it will result in disqualification. We also have these for sale for \$30 if rider needs to buy, just let me know ahead of time.



2017 Leal's Junior Bull Riding Membership Application

Complete this form, have signature notarized, and send it with your membership fee and copy of birth certificate and proof of insurance.

To: Leal's Junior Bull Riding
PO Box 954
Lockney, TX 79241

Name: _____

Address: _____

Mailing Address (if applies different than above): _____

City: _____ State _____ Zip _____

Email: _____

____ I am enclosing \$150 membership fee ____ I am enclosing Official Copy of Birth Certificate

____ I am enclosing Proof of Insurance

Parent's Consent and General Release

We certify that the age and date of birth of the above child is correct, and we hereby consent to our child joining the Leal's Junior Bull Riding in consideration of allowing our child's membership, we agree we will in no manner hold Leal's Junior Bull Riding, or its agents, officers, directors, rodeo producers, or any individuals connected with the rodeo or organization liable or responsible in case of accident or injury to the contestant, stock, or property, and further herby RELEASE and agree to hold harmless the Leal's Junior Bull Riding, directors, officers, rodeo producers or any individuals connected with the rodeo or organization from any and all liability for damage to person or property as a result of or related to the participation of any child. We are fully aware of the dangers involved and we have read this release and fully understand its terms.

Signed _____ Signed _____
(Mother or Legal Guardian) (Father or Legal Guardian)

Signed _____ (Rider)

(Signatures must be notarized)

COUNTY OF _____

STATE OF _____

This instrument was acknowledged before me this ____ day of _____, 20 ____.

Notary Public _____

Commission Expires _____

2017 Leal's Junior Bullriding Membership Application (Continued)

Riders Height: _____

Jacket Size: _____ Y or A

Riders Weight: _____

T-Shirt Size: _____ Y or A

Riders Age: _____

Riders DOB: _____

Riders Mothers Name: _____ Phone _____

Riders Fathers Name: _____ Phone _____

How long have they been riding? _____ Months _____ Years

Which Region will you be joining? (Check all that apply)

- Alabama Region Arizona Region Colorado Region
 Texas Region Pennsylvania Region

For Office Use Only:

Review of Birth Certificate: _____ Yes _____ No

Age: _____ Date of Birth: _____

Riders Division:

- 10-11 12-13 14-15 16-17

Rider's Weight: _____ LBS. Riders Height: _____ Ft. _____ In.

Type of Spurs: _____ Rowel A or _____ Rowel B

Insurance Policy:

Name of Insurance Company: _____

Phone: _____

Member Name: _____ Personal ID# _____

ID card Issued Date: _____ Insurance Active: _____ Yes or _____ No

Application Approved: _____

Application Disapproved: _____

Reason for Disapproving:

