



# MISS RODEO CALIFORNIA

## Appearance Request Form

Name of Rodeo or Event \_\_\_\_\_

Rodeo Committee Chairman or Event Director \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Requested Dates of Appearance \_\_\_\_\_

Type of Promotional Activity \_\_\_\_\_

### REQUIREMENTS AND FEES

- Round trip airfare and/or automobile mileage at 50 cents per mile for any part of the trip.
- \$50.00 per day appearance fee.
- All meals and lodging for Miss Rodeo California during her stay.
- A charge of \$50.00 if contract is cancelled less than 2 weeks before appearance date.

Please list lodging accommodations for MRC \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Ph# \_\_\_\_\_

*Your signature on this Appearance Request Form constitutes a commitment on your part to host Miss Rodeo California at your rodeo or event as per the above requirements.*

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Please remit a copy of this form to:

Donna Riva  
PO Box 244  
Paso Robles, CA 93447  
Email: [donnariva@tcsn.net](mailto:donnariva@tcsn.net) phone: 805-467-3032