



Name _____ Roping Division _____

Address _____

Phone _____

Email _____

***this is the email that the Hotel will send your room confirmation to -
please make sure it is correct and clearly written***

Vest Size _____

Entry fee: \$1700.00 (includes 3 nights hotel & stall at The Orleans)

(Dates included in entry fee: check-in Sunday 12-8-24/ check out Wednesday 12-11-24)

**entry fee must be paid in full to UCR by 11-17-24 / fee may be paid in full or in payments to UCR office as long as it is paid in full by listed due date.

Fee payment included: Full entry fee \$ _____
Or beginning payment amount \$ _____

Online payment available (\$50 surcharge) on the website www.ucroping.com

1.) Name on Reservation: _____

Check in date: 12-8-24 Check out date: 12-11-24

Smoking Preference: Non Smoking _____ Smoking _____

Room Preference: 1 King _____ 2 Queen _____

ADA Accessible Room: Yes _____ No _____

****You must be 21 to have the reservation in your name. If you are under 21 the room must be in an accompanying adult's name.**

Ultimate Calf Roping
PO Box 8
Canyon, TX 79015
ucroping@gmail.com