

2026 Wool Riding Qualifier Application Form

Please return your completed form with a \$20 application fee by **May 30, 2026**. Please be sure to fill out the supplemental liability release.

Child's Name:

Guardian Name:

Address:

City: _____ State: _____ Zip: _____

Email:

_____ Phone: _____

Child's Age: _____ Weight: _____ Sex: ___ M ___ F

This year only ---

I understand that if my child has been chosen to participate, I must sign a waiver releasing the Lewiston Roundup and sponsor(s) from liability. I also confirm that my child is between the **ages of 3-8 and weighs less than 60 pounds** (animal safety).

Signature

Date

Please email the completed form **by 5/30/2026** to office@lewistonroundup.com, or mail a completed copy before to the Lewiston Roundup, PO Box 314, Lewiston, ID 83501. Please call the LRA office with any questions (208)746-6324. You may also contact 208-553-7159 for any questions.

Announcer Supplemental Info

Name: _____

Age: _____

Hometown: _____

How long have you been riding sheep? _____

Favorite Cowboy/Cowgirl: _____

When I grow up I want to be: _____