

Southeast Little Britches Rodeo Association 2015-2016 Family Membership Application

Name: _____

Address: _____

County: _____

Phone: _____

Email: _____

List all contestants who will participate and their age as of 8/1/2015:

| Name | Age | Date of Birth |
|------|-----|---------------|
| | | |
| | | |
| | | |
| | | |

Membership Requirements:

1. Membership application must be completed, signed and notarized.
 2. \$25.00 family membership dues must be paid.
 3. Every contestant is responsible for obtaining a minimum of \$150 sponsorship. Families with more than two contestants are responsible for a minimum of \$200.00 sponsorship.
 4. Minimum requirement of competing in 6 SELBRA rodeos per event to be eligible for year-end awards in that event.
 5. Every contestant is responsible for selling raffle tickets.
- It is the contestants responsibility to ensure SELBRA membership is paid on time, and sponsorship money and raffle tickets are paid on time.

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Parent/Guardian Release of Liability

SELBRA and any of their associates are released from all liability when attending and/or participating in any events associated with SELBRA.

I/We, _____, the parents of the above named child/children, do hereby give our permission for him or her to participate in the 2015-2016 SELBRA rodeo series. We also release the SELBRA from all liability caused from injury or accident while at a SELBRA event.

Father's signature

Date

Mother's signature

Date

Witness Signature

Date

Year End Awards Requirements Acknowledgement

I/We, _____, the parents or legal guardians of the above named child/children, do hereby acknowledge that we are aware of the SELBRA year-end award requirements as stated in the SELBRA membership application.

Father's signature

Date

Mother's signature

Date

Witness Signature

Date

Mail Completed, signed and notarized form, along with \$25 made payable to SELBRA to:

Jessica Laverde
366 Wood Oak Trail
Ellijay, Ga 30540

State of _____
County of _____
SUBSCRIBED and sworn to me this _____ day of _____ 20____, by
_____. Witness my hand and official seal.

My commission expires: _____

Notary Public