

Eastern Washington Junior Rodeo Association

2010 Membership Application

Mail application(s) to: Chris Beck * 18213 RD 2 SE * Moses Lake, WA 98837

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Birthdate: _____ Age as of 1/1/10: _____

Phone: _____ Email Address: _____

Parent/Guardian Name(s) & Email: _____

Age Division (as of 1/1/10)	Circle Age Group/Gender	
Little People (5 years and under)	Little People	
PeeWee (6 years to 8 years)	Boy	Girl
Junior (9 years to 11 years)	Boy	Girl
Intermediate (12 years to 14 years)	Boy	Girl
Senior (15 years to 18 years)	Boy	Girl

- Points from sanctioned EWJRA rodeos will not be given unless complete application has been received and membership and sponsorship fee have been paid to the EWJRA.
Points given only for rodeos competed in after membership fee has been paid.
- Application must have notarized signatures from applicant and parent/legal guardian. For contestants who are eighteen years of age parent/guardian signature not required.
- Proof of age must accompany application. This can be any of the following 1) hospital record 2) baptismal record 3) birth certificate or 4) drivers license.
- Payment in full is required with this application. Fees are **\$55.00** per applicant regardless of age division, or **\$95.00** per family, which includes a subscription to the Competitor News.
- _____ Yes, I need a copy of the Competitor or _____ No, I don't need a copy, I already receive it.
- Each member must raise a *minimum* of **\$50/member** or **\$150/family** by **June 20th, 2010** to be eligible for year end awards. Points will be accumulated but not be posted until sponsorship is received. Sponsorship letter and form are available on the website. www.ewjuniorrodeo.org
- Make checks payable to the **EWJRA**.

I agree to accept the official EWJRA rules as presented in the EWJRA rulebook. In consideration for receiving permission to enter sanctioned EWJRA activities I hereby release and hold harmless the EWJRA, stock contractors, rodeo committees, their members and/or agents from any claims whatsoever that may arise from personal injury, property damage, or medical expenses resulting from my participating in, or traveling to and from an EWJRA sanctioned event. I acknowledge that failure to comply with the rules of the EWJRA and/or the rules of committees holding EWJRA sanctioned events could result in loss of points, winnings and removal from the association.

MEMBER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Printed Name of NOTARY _____ STATE OF _____ COUNTY OF _____

Subscribed and sworn to (or affirmed to) before me on this _____ day of _____.

By NOTARY PUBLIC:

MY COMMISSION EXPIRES: _____