

2003 S.T.B.R.A. MEMBERSHIP

INDIVIDUAL MEMBERSHIP: (\$30.00 per person)

NAME: _____

DATE OF BIRTH: _____ AGE: _____

Eligible for \$500 Novice Rider Barrels? NO YES (Circle One)

IF YES, you must specify the amount of money won in **BARREL RACING** as of today's date. (You must have won **less than \$500 in BARREL RACING** to be eligible to ride in this class.)

I hereby declare that the person named above has won \$ _____ in barrel racing and is eligible to ride in the \$500 Novice Rider Barrels.

SIGNATURE: _____

FAMILY MEMBERSHIP: (\$65.00 per family - MUST live in same household)

FAMILY'S LAST NAME: _____

	<u>FIRST NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>ELIGIBLE FOR \$500 NOVICE RIDER BARRELS? (please circle)</u>
1	_____	_____	_____	NO YES - AMOUNT WON \$ _____
2	_____	_____	_____	NO YES - AMOUNT WON \$ _____
3	_____	_____	_____	NO YES - AMOUNT WON \$ _____
4	_____	_____	_____	NO YES - AMOUNT WON \$ _____
5	_____	_____	_____	NO YES - AMOUNT WON \$ _____
6	_____	_____	_____	NO YES - AMOUNT WON \$ _____

IF ELIGIBLE for \$500 Novice Rider Barrels, you must specify the amount of money won in **BARREL RACING** as of today's date. (You must have won **less than \$500 in BARREL RACING** to be eligible to ride in this class.)

I hereby declare that the person(s) named above has/have won the declared amount of money in barrel racing and is/are eligible to ride in the \$500 Novice Rider Barrels.

SIGNATURE: _____

PLEASE FILL IN COMPLETELY (Please Print Legibly):

MAILING ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP CODE _____

E-MAIL ADDRESS: _____ PHONE: _____

(Updates, Newsletters & Other Information will be e-mailed to you. This saves on the cost of copying & postage, which allows more money to go towards awards. Please be sure to print your e-mail address legibly.)

******SEE REVERSE SIDE FOR NOVICE HORSE DECLARATION AND NOMINATION******

