

Central Florida Rodeo Association

MEMBERSHIP APPLICATION

\$40.00 membership fee per contestant

MEMBER NON MEMBER OPEN YOUTH

Member Name: _____

Address: _____

City: _____ State _____ ZIP: _____

Home Phone#: _____ Cell #: _____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Sex: _____

School: _____ Grade _____

Hobbies(Other than rodeo) _____

Rodeo Events: _____

Parent/Guardian Information:

Parent(s)/Guardian: _____

Address (If different from above): _____

Home Phone#: _____ Cell #: _____

E-Mail Address: _____

Parent/Guardian Approval of Membership:

SIGNED: _____ **Date:** _____

Total Paid: _____ **Paid by: Cash** _____