

PACIFIC COAST BARREL RACING ASSOCIATION

MEMBERSHIP FORM

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: Main (____) _____ Other (____) _____

E-MAIL _____

BIRTHDATE (if under 18) _____

YOUR PCBRA MEMBERSHIP EXPIRES AT THE FINALS EACH YEAR

() \$50 INDIVIDUAL MEMBERSHIP

() \$60 FAMILY MEMBERSHIP (includes minor aged dependents living in the same household. A separate form must be complete for each family member)

() \$15 NEWSLETTER ONLY

MAKE CHECKS **PAYABLE TO: PCBRA** AND MAIL TO

Amy McClung, 28385 Casselman Lane, Santa Clarita, CA 91350

FOR MORE INFORMATION CALL:

Cathy Cooper 661.269.3687 or Amy McClung 661.433.9818

I, THE UNDERSIGNED, AGREE TO ABIDE BY ALL THE RULES OF THE PACIFIC COAST BARREL RACING ASSOCIATION, AND IN NO WAY WILL HOLD THE ABOVE ASSOCIATION OR ANY OF IT'S ARENA OPERATORS, ARENA OWNERS, OFFICERS, OR MEMBERS RESPONSIBLE FOR ANY ACCIDENTS OR INJURIES THAT MAY OCCUR ON ANY OF THE GROUNDS AS A SPECTATOR OR COMPETITOR. THE ASSOCIATION RESERVES THE RIGHT TO ACCEPT OR REJECT ANY MEMBERSHIPS OR ENTRIES.

SIGNATURE _____ DATE: _____

PARENT OR GUARDIAN MUST SIGN FOR MINOR AGED MEMBERS

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

Payment Method: Check _____ # _____
Cash _____

Date Rec'd _____

Total Amount Rec'd \$ _____

Initials _____