



South Carolina High School Rodeo Association



Membership Application 2007-2008

Fill out both applications (State and National) completely and return both applications with cash or check made payable to SCHSRA. If you are a new member, you **MUST INCLUDE A COPY OF YOUR BIRTH CERTIFICATE AND A COPY OF YOUR LAST REPORT CARD.** If you are a returning member and did not ride at State Finals, you **MUST ALSO INCLUDE A COPY OF YOUR LAST REPORT CARD.** If you did ride at State Finals, make sure we have a copy of your report card. If you are on a quarterly schedule, you must have passed at least 4 subjects, one being a core subject. If you are on a block schedule, you must have passed 5 subjects, one being a core subject. **Click in each field to fill in information.**

Name: _____ Telephone: (____) ____-____ Cell: (____) ____ - ____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ SS#: _____-____-_____

Years in SCHSRA (including present): _____ School: _____ Grade: _____

Father's Name: _____ Cell: _____ Mother's Name: _____ Cell: _____

Membership Fees:

SCHSRA Dues	\$30.00
NHSRA Dues	\$20.00
NHSRA Times	\$15.00
Insurance	\$70.00
Total	<u>\$135.00</u>

Events Competing:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Bare Back | <input type="checkbox"/> Barrels | <input type="checkbox"/> Breakaway |
| <input type="checkbox"/> Bull Riding | <input type="checkbox"/> Calf Roping | <input type="checkbox"/> Cutting Girls |
| <input type="checkbox"/> Cutting boys | <input type="checkbox"/> Goats | <input type="checkbox"/> Poles |
| <input type="checkbox"/> Saddle Bronc | <input type="checkbox"/> Steer Wrestling | <input type="checkbox"/> Team Roping |

Return both applications, copy of birth certificate, and copy of report card to:

Darlene Steen, State Secretary
1186 Simple Farm Road
Chester, SC 29706
803-581-3881 or 803-385-8031

I understand that as a member of the SCHSRA, I will adhere to and abide by all rules set forth in the NHSRA rule book and ground rules set by SCHSRA. No Exceptions.

I understand that I will be expected to participate in any fund raising projects including ad sales for our State Finals Program.

Member's Signature: _____ Parent's Signature: _____

The above signature gives us permission to publish your address and telephone number in our directory.

There will be a \$30.00 charge for all returned checks.

Do not write in this space.....

Membership # _____ Paid: Check _____ Cash _____