

SILVER SPURS RODEO CLUB
2024 YEARLY MEMBERSHIP APPLICATION

PARENTS NAME: _____ CELL: _____

SPOUSE/ALTERNATE NAME _____ CELL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

CONTESTANT'S NAME & AGE (age cutoff date is June 1, 2024 (first playday of the year)):

Please provide a copy or picture of each contestants Birth Certificate with this membership form.

NAME: _____ AGE: _____ SHIRT SIZE: _____

NAME: _____ AGE: _____ SHIRT SIZE: _____

NAME: _____ AGE: _____ SHIRT SIZE: _____

NAME: _____ AGE: _____ SHIRT SIZE: _____

NAME: _____ AGE: _____ SHIRT SIZE: _____

DUES: \$20 per contestant/rider

_____ (# of riders in family) at \$20 per contestant.

TOTAL: _____

Please Initial:

_____ I have read, asked questions, and understand the rules which were attached to this membership form

_____ I understand that it is *Cash Only* at all Playdays for all events

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Membership Forms and Dues are requested to be received before the first playday.
Please include a copy of the birth certificate.

Silver Spurs Rodeo Club
Kim Moore
PO Box 192
Stratford, Texas 79084