

2024

Adults \$65 ~ 17 & Under \$40



PO BOX 129 · HUNTLEY, MT 59037
406-371-5207

www.wranglerteamroping.com

MEMBERSHIP FORM

Must Fill out and sign
Annual Membership Form
AGE IS DETERMINED BY CURRENT DATE
FREE Membership to any
WTRC Member turning 70 or Older in 2024
ALL Members MUST fill out a current
Membership Form COMPLETELY each year
regardless of age or status within
Wrangler Team Roping Championships, LLC

Please Write Legibly

LAST NAME

ID NUMBER
_____-_____
HD # - HL #
NEW _____ RENEWAL _____
ANNUAL _____ LIFETIME _____
ABOVE FILLED OUT BY OFFICE

Name _____ Name Used _____

Address _____

City _____ State _____ Zip Code _____

Hm: (_____) _____

Cell: (_____) _____

Date of Birth _____

Social Security # _____

Email Address _____

MUST FILL OUT

PAST WTRC MEMBER? YES _____ NO _____

OTHER ASSOCIATIONS I HAVE BELONGED TO:

Name of Association	Year	Classification	HEADING #	HEELING #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Circle Jacket Size: S M L XL 2XL 3XL 4XL

STATEMENT AND RELEASE

For good and valuable consideration the receipt of which I acknowledge. I do for myself, my heirs, executors and administrators release and forever discharge Tryan Productions LLC, Wrangler Team Roping Championships (WTRC) and all of the officers, agents, employees, producers, committees, sponsors, arena workers and Metra Park Coliseum of Billings, MT (WTRC Finals Location) from all claims, demands, actions or causes of action which may arise on account of my death or on account of any injury which may suffer while participating in a Tryan Productions, LLC / Wrangler Team Roping Championships LLC events. In making this Statement and Release, I further acknowledge that I am aware that equine events are a dangerous sport and that serious injuries occur frequently. I further acknowledge that I have read this statement and I understand it's contents. I also understand and agree that the WTRC and it's sponsors may subsequently use for publicity or promotional purposes or media rights my name and/or pictures of me participating in this association without obligation or liability from me.

Signature: _____ Date: _____

(Complete below if applicant is a minor under the Law of the State of Residence)

I declare that I am one of the parents and/or legal guardians of the above named minor. That I carefully read the foregoing Statement and Release, that I know the representations made are true and that I agree to be bound by the terms of the Statement and Release both personally and as a representation of the interest of the minor.

Signature: _____ Date: _____

FILLED OUT BY OFFICE: _____ CASH _____ CARD _____ CHECK # _____ CIRCLE AMOUNT PAID : \$65 \$40