2025

Adults $80 ~ 17 & Under $50

Must Fill out ANNUAL Membership Form

Youth Membership—AGE IS DETERMINED BY CURRENT DATE

FREE MEMBERSHIP TO ANY MEMBER TURNING 70 YEARS OLD IN 2025

PLEASE WRITE LEGIBLY

Wrangler TEAM ROPING CHAMPIONSHIPS

PO BOX 120 · Worden, MT 59088
406-371-5207
www.wranglerteamroping.com

MEMBERSHIP FORM

_____
LAST NAME

_____
ID NUMBER

_____ - _____
HD # - HL #

NEW_____RENEWAL_____

NOTES:

ABOVE FILLED OUT BY OFFICE AT ROPING

Name_____ Name Used_____

MAILING Address_____

City _____State _____ Zip Code _____

Hm: (_____) _____

Cell: (_____) _____

Date of Birth _____

Social Security # _____

Email Address _____

Applicant MUST FILL OUT

PAST WTRC MEMBER? YES ____ NO ____ YEAR?_____

OTHER ASSOCIATIONS I HAVE BELONGED TO:

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

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 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 teams 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 : $80 $50