Columbia Basin Barrel Racing Club 2021 Membership Application *PLEASE PRINT CLEARLY*

Name:				E PRINT CLE	ARLY*				
		Phone(s) #:							
		Monthly NEWSLETTER by \(\rightarrow \text{Mail or} \(\rightarrow \text{Email} \)							
Individual membershi nomination. Novice 5D eligibility:	_	-	-			•		mings.	
Open 5D and/or Noriders:	ovice 5D	Novice nominations must include horses of nomination (LTE must include earn				ime Earnings at time	Division	Fee	
Ages for following divided Senior 3D 50 and older							e lead throug	h and	
Youth 3D, Junior, Pe Leadline and/or Seni		B-Day & age as of 10/01/20	H	orses Register	red Name &	Barn Name	Division	Fee	
C.B.B.R.C. RELEASE F. C.B.B.R.C. and it's member and every person or minor equine activity sponsor or by myself, my property, malso agree to abide by all notes of the control of the cont	pers, officers, observed person who accome the owners, operated by horse(s), and evenues of said club. OR C.B.B.R.C: The intervene to suppose language or observed public, family and contest or restricting in an unruly manning person of the contest of the contes	ers or volur panies me t ors, or empl- ry person on the C.B.B.R. It an environce gesturn setting, Ob- cated areas, I oner will be	nteers and to any C.I oyees of a r minor pe C. is com- onment whees, Intoxio scene or i Fighting, t	I assume the risk of B.B.R.C. sponsore any arena/facility erson who accomp nmitted to creating here members can cation or other si indecent clothing, taunting, or making	of any injury, day and or co-sponsor from any claim panies me to any g a safe, comfor enjoy an exper gns of impairm Any disruption ag threatening re	mage or loss to myself, red event. Furthermore, of injury, loss or damagy C.B.B.R.C. sponsored table and enjoyable experience free from unaccept ent related to alcohol of the events, including marks or gestures. Any	ny property, my I will hold ham e that might be or co-sponsored erience for our n table behavior, it onsumption, Die g throwing of o member not ad	horse(s) nless any sustained levent. I nembers. including splays of objects or hering to	
Member Signature						Date			
Parent/Guardian Sig	nature					Date	e		
Please return comple	eted form with	paymen	t to:						
CBBRC, PO Box 23	331, Moses Lal	ke, WA	98837						
Individual \$			OFFI	CE USE ON	LY:	Tota			
Date Received	By (Offi	cer initia	ls)	Che	eck#	Cash \$			

Office use:

Reason for change:

Date Received	By (Officer initials)	Check#	Cash \$	
Reason for change:				
	By (Officer initials)	Check#	Cash \$	
Reason for change:				
	By (Officer initials)	Check#	Cash \$	
Reason for change:				
Date Received	By (Officer initials)	Check#	Cash \$	
Reason for change:				
Date Received	By (Officer initials)	Check#	Cash \$	
Reason for change:				
Date Received	By (Officer initials)	Check#	Cash \$	
Reason for change:				
Date Received	By (Officer initials)	Check#	Cash \$	