SASKATCHEWAN TEAM CATTLE PENNING ASSOCIATION 2020 MEMBERSHIP APPLICATION

Please Print	Last name	First Name(s)	
ADDRESS:				
CITY/PROV:		POSTAL CODE:		
PHONE:	E-MAIL:	BIRTH DATE:		
hereby release the Saskatch demands, action or cause of favor of myself, my heirs, in matter, thing or condition, may occur through or by an members name, phone #, re	reledge that competition through the newan Team Cattle Penning Ass, of action, of any kind or nature we representatives or dependents, on negligence or default, whatsoever my reason or any matter, thing or ating, points or dollars earned, plue of this information may also be	and its officers, members, agents, employee hatsoever, whether now known or ascertaine account of, or by property, animate or inanim, and I/We hereby assume and accept the full condition, negligence, or default, or any personotographs or video and print references may	nvolves an inherent risk of injury and accordingly s, representatives, or any of them, from all claims d, or which may hereafter develop or accrue me is late, belonging to me or used by me because of an risk of danger or any hurt, injury or damage which on whatsoever. Some or all of such information as be disclosed on the STCPA or CTCPA or CTCPA being released to newspapers, radio and television	
DATE:MEI	MBER'S SIGNATURE:	(8	after having read the above "Release and Waiver")	
DATE:MEI PARENT/GUARDIAN	MBER'S SIGNATURE:	(a	fter having read the above "Release and Waiver")	
		on behalf of:above "Release and Waiver")	DATE:	
need to fill out a NI		embership form. Only NEW ments form may be found on the ST FAMILY (AFTER April 30, 2020)		
		SINGLE	\$35.00	
		(After April 30, 2020)	(\$50.00)	
CTCPA	FEES:	ADULT	\$40.00	
		YOUTH - (16&under)	\$10.00	
		YOUTH - (12&under free	e)	
			TOTAL \$	
PROVINCIAL FIN	NALSLEVY(separa	te cheque) Only if you are atten	ding final+ <u>\$ 200.00</u>	
NEW TOTAL			TOTAL \$	
Birth dates of all Yo	uth – Name	Birth date		
	Name Birth date			

RETURN THE STCPA MEMBERSHIP FORM & NEW MEMBER FORM (if applicable) and ALL **FEES (STCPA & CTCPA)** TO: STCPA --BOX 711, SPIRITWOOD, SASKATCHEWAN, S0J 2M0