

# Tennessee Little Britches Rodeo Association

2024-2025 Membership Application

List all contestants who will participate and their age as of 7/10/24

Name:	Age:	Date of Birth:	Jacket size	Shirt size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF PARENTS AND GUARDIANS \_\_\_\_\_

Membership Requirements:

1. Membership application must be signed completed and notarized.
2. \$125.00 Family membership (75.00 if only one contestant). Dues must be paid before points will count.
3. Every contestant is responsible for obtaining a \$150 sponsorship, Trail Hands \$75. Due at October 2024 rodeo. Must sell \$200 worth of raffle tickets.
4. Contestants must compete in one more than half of the total TNLBRA rodeos, per event that occurred in that season, to be eligible for year-end awards in that event.
5. Membership must be paid before points will count towards year end awards. Points will not be retroactive and will begin only when current and full membership is obtained.

You may mail your completed forms to TNLBRA C/O Whitney Watts - 24042 County Rd 317 Bloomfield, MO 63825 or bring to the first rodeo of the season for you!

Tennessee Little Britches Rodeo Association (TNLBRA)  
Contestant Name \_\_\_\_\_

**Parent/Guardian Release of Liability**

TNLBRA and any of their associates/ Sponsors/Volunteers are released from all liability when attending and/ or participating in any events associated with Tennessee Little Britches Rodeo Association

We \_\_\_\_\_, the parents or legal guardians of the above named child/ children, do hereby give our permission for him or her to participate in the 2024-2025 TNBRA rodeo series. We also release the TNLBRA from all liability caused from injury or accident while at a TNBRA event.

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

**Year - End Awards Requirements Acknowledgements**

We, \_\_\_\_\_, the parents of legal guardians of the above named child/children, do hereby acknowledge that we are aware of the TNBRA year end award requirements as stated in TNBRA membership application

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

Mail completed signed form, along with all membership fees made payable  
to TNBRA to: TNLBRA c/o Whitney Watts 24042 County Road 317 Bloomfield, MO 63825