



AMERICAN COWBOYS RODEO ASSOCIATION

PO Box 1
Siloam Springs, AR 72761
PHONE: 479-238-3865

\$150.00 - Contestant

\$65.00 - Personnel

\$35.00 Timer Only

Renewals: Add \$5.00 per month after December 31st, not to exceed \$15.00

MEMBERSHIP APPLICATION

Please Print:

Name _____ Check One: New Renewal
Social Security No _____ Old Card No
Address _____ City _____ St. _____
Home Telephone _____ Cell _____ Zip Code _____
Date of birth _____ Email Address _____
Name and address of nearest living relative _____
Other memberships held _____

I am (check appropriate boxes)

Personnel: Stock Contractor Contract Act Bullfighter Barrel Man Announcer
 Committeeman Rodeo Secretary Pickup Man Time Keeper Judge Photographer
 Contestant: Steer Wrestling Team Roping Header Bull Riding Saddle Bronc Riding
 Ladies Breakaway Roping Girl's Barrel Racing Team Roping Heeler Steer Roping Calf Roping Bareback Bronc Riding

I certify the above information is correct and, by becoming a member of the A.C.R.A., I agree to abide by its rules and regulations at all A.C.R.A. approved rodeos.

Signature: _____

Jacket Size: (Circle one) XS, S, M, L, XL, XXL, XXXL

Applicants under 18 years of age

Parents/Guardians Consent:

I certify that the age and date of birth on the below named child is correct, and I hereby consent to the participation of our child in this Rodeo Association, American Cowboys Rodeo Association. I agree in no event will I hold the A.C.R.A., their agents or employees liable for injury or property damage while participating or while in route to or from an A.C.R.A. sanctioned rodeo.

CONTESTANT _____
ADDRESS _____

AGE _____
BIRTH DATE _____
PHONE _____

Parents/Guardians Signature _____
(Signature must be notarized)

The foregoing instrument was acknowledged before me this day of _____ 20 _____
by _____ parent or guardian of the above contestant, and I certify that the above information is true to the best of my knowledge.

Notary Public _____ Date _____ My Commission Expires _____



Office Use Only

Approved

Date _____

Issued Card Number

ACRA SECRETARY OR PRESIDENT