

2019

Cost: \$65

NO CHARGE FOR DOUBLE NUMBERS

Membership

Adults \$65 - 17 & Under \$40
(age is determined by current date)

Free Membership to any Member
turning 70 or older in 2019
(Everyone must fill out Membership Form
regardless of age)



P.O. Box 129 ~ Huntley, MT 59037
406-348-2480 ~ www.wranglertrc.com

MEMBERSHIP FORM

Please Print Legibly

Last Name

Card No.

HD & HL No

New _____ Renewal _____

Filled out by OFFICE

Name _____ Name Used _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Hm (____) _____ Cell: (____) _____ Cell Phone Provider _____

Date of Birth _____

Social Security # _____

Email Address: _____

Circle Jacket Size: S M L XL 2XL 3XL 4XL

MUST FILL OUT

Past WTRC Member? Yes _____ No _____

Other Associations I have belonged to:

Association	Heading #	Heeling #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roper Survey

(Your input is very important to the WTRC)

What is your favorite trophy prize to win?

1st Choice _____

2nd Choice _____

3rd Choice _____

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 and all of the officers, agents, employees, producers, committees, sponsors, arena owners, and Metra Park of Billings, MT (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 event. 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 that I understand its contents. I also understand and agree that sponsors may subsequently use for publicity or promotional purposes or TV 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 name 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 terms of the Statement and Release both personally and as a representative of the interest of the minor.

Signature: _____ Date: _____

Filled Out by Office: PAID _____ DATE _____ CASH _____ CHECK # _____