



## MEMBERSHIP FORM

*Please print clearly!*

Contestants Name \_\_\_\_\_ DOB \_\_\_\_\_

Age as of January 1, 2016 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

*Must supply email address to receive monthly newsletter electronically!*

**Annual Contestant Membership Fee Includes: \$42.00 for insurance, \$58.00 Finals Fund  
TOTAL MEMBERSHIP FEE: \$100.00**

### Age Divisions

- |  |  |
|--|--|
| <input type="checkbox"/> Tiny Tots 4 and younger | <input type="checkbox"/> Seniors 11-14 years old   |
| <input type="checkbox"/> Pee-Wee 5-6 years old   | <input type="checkbox"/> Super Seniors 15-18 years |
| <input type="checkbox"/> Juniors 7-10 years old  | <input type="checkbox"/> Wild Pony Race 14 & Under |

**Please make checks payable to MRA TOTAL ENCLOSED \_\_\_\_\_**

*There will be a \$30 charge for all returned checks*

*By signing below, I hereby agree to comply with the Official Rules of the MRA and be bound by the same. I further agree to comply with and be bound by the Release of Liability on the back of this form.*

*By signing below I agree to allow any and all photos or videos taken during these events to be used for any and all organizational purposes.*

Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

*Please fill out  
front & back!*

**WEBSITE: [www.miniaturerodeo.com](http://www.miniaturerodeo.com)  
3716 Quail Avenue - Dayton, IA 50530  
MRA Office: (515) 571-6922**

*Please fill out  
front & back!*