



SOUTHEAST LITTLE BRITCHES RODEO ASSOCIATION, INC.

Post Office Box 1132

LIVE OAK, FLORIDA 32064

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FACEBOOK PAGE: SOUTHEAST LITTLE BRITCHES RODEO ASSOCIATION

WEBSITE: WWW.SELBRA.NET



LOCAL MEMBERSHIP APPLICATION 2024-2025

FAMILY MEMBERSHIP FEE - \$75.00

NON-REFUNDABLE

PARENT/LEGAL GUARDIANS NAME:	
MAILING ADDRESS:	
PHONE/CELL:	
EMAIL:	

Age as of July 8, 2024

Divisions

Little Wrangler (LW) (ages 5-8)	Junior (JR) (ages 9-13)	Senior (JR) (ages 14-18)
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Contestant(s)

NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR
NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR
NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR
NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR
NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR
NAME:	DOB:	AGE:	GR:	DIVISION:	LW	JR	SR

PLEASE READ AND INITIAL ALL RULES BELOW:

_____ It is my/our understanding that for the continued progress of the Southeast Little Britches Rodeo Association, Inc., We are required to assist in such work necessary to operate and maintain the Association.

_____ If I/we do not work, I/we understand that I/we will **forfeit** my child/ren(s) points for the year and any awards that they may have received.

_____ I/we certify that all horses I/we bring onto the premises will have a current negative coggins test.

_____ It is my/our understanding that my child/ren are not promised/guaranteed a certain award for a certain place in a division, that all awards are based on the funds of the Association for the year and awards are the discretion of the Board of Directors as per the Association's ground rules.

_____ Initials, individually and as Parent/Guardian on behalf of my family members.

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____