

ACADIANA BARREL RACING ASSOCIATION 2020 MEMBERSHIP APPLICATION



WWW.LAABRA.COM



BOARD USE ONLY:	Rec'd by: _____
	Date: _____

MEMBERSHIP:

\$35 SINGLE

\$65 FAMILY Mother/Father and children (age 19 or over must have own membership)

Participation and points begin to accrue only **AFTER** membership is paid.
Attach Horse Information Sheets for all horses the membership will compete on.
(If Open or Age Division only - prior year completed form can be used)

[MAIL To: ABRA Memberships, 2826 Osage Trail, Church Point, LA 70525 or email: memberships@laabra.com](mailto:memberships@laabra.com)

Completed forms can be sent via email and payment sent to PayPal account - info@laabra.com (credit cards add 3%)

NAME: _____ **DATE OF BIRTH** _____

**email and phone number are important - we avoid mailings to reduce cost*

E-MAIL ADDRESS: _____ **PHONE:** () _____

ADDRESS: _____

(MAILING) _____ CITY _____ ZIP _____

FAMILY - PLEASE LIST ALL FAMILY MEMBERS (include last names)

NAME	Relationship	X if Contestant	DATE OF BIRTH

I (we) agree to abide by all rules and regulations as set forth by the ABRA and the arena personnel. Any violation of posted rules may result in my disqualification. I (we), including minor children, understand we ride and participate in this event at our own risk as to any aspect of this event and understand ABRA is not in the care, custody or control of any animal, participant, piece of equipment or portion of the arena or competition site. ****PARENTS ARE RESPONSIBLE FOR MINOR CHILDREN****. I hereby certify I understand this agreement and have read the ABRA RULEBOOK and explained it to all members listed above and all family members. I (we) understand I am responsible for any damages to ourselves, our animals, our equipment or damage we may cause others as a result of our participation in this association or event. (Rules available on our website or you can request a printed copy.)

Signature: _____ **Date:** _____