

Membership Application

Please Print Clearly			Date:	
Type of Membership (Select One)			
Individual-\$25.00	F	family-\$45.00	Buckaroo-\$10.00	
Name:		DOB:		
Address:				
City/State/Zip:				
Phone: Buckaroos - are competitors who use lead lin Recruit - A Recruit rides the course without 1 SHOOTER - A new competitor to mounte 2 SHOOTER- Level 2 3 SHOOTER- Level 3 4 SHOOTER- Level 4 5 SHOOTER- Level 5 or 6 Division-Open or Senior (Seniors must be 5	assistance and ma ed shooting or Lev	ay shoot 5 rounds from rel 1	do not shoot. the ground.	
Level	_ Division			
Additional Family Members (atta	ch additional	sheets for more	members)	
Spouse Name:		Level	Division	
Name:	DOB:	Level		
Name:	DOB:	Level		
association, you realize that mounted sho the UMS, its owners and agents in the ex Karen Hassell, and their respective affilia and all claims, demands, causes of action	poting contains grent of loss or in ates, officers, agn and damages, and RISK OF HAR	great risk to participa jury. I AGREE TO lents, sponsors, repressive whether or not cause RM to which I, and the	Mounted Shooters (UMS). By joining the ants, spectators and horses and will hold harmless INDEMNIFY AND HOLD HARMLESS UMS, esentatives, employees, and volunteers, from any d by their negligence or gross negligence. I hose minors accompanying me, may be exposed	
Signature:			Date:	

(Individual and/or guardian)

Mail completed form along with payment to:
United Mounted Shooters
57235 E CR 34
Strasburg, CO 80136