2019 Rainbow Saddle Club Membership (Jan. 1st - Dec. 31st)

New member			Renewal					
(Must submit form at a Please Print Clearly	0	irrent RSC mem	ber sponsorship)					
Family Name: Last:	:		First:					
Address:		(City	N	AN, Zip Cod	le:		
Home Phone:			Alternate Phon	e:				
Email address:								
Your monthly newsletter	r will come by the above	ve email, please pr	int clearly and upda	te the secretary of	any changes.			
Please complete portion List all included family		Last name if diff	erent), Date of birt	h with year, age §	group as of Ja	nuary 1st:		
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First name	Date of birth	10 & under	11-13	14-17	18 - 34	35 & over

Membership Rates:

_____\$45 Family (max. two adult heads of household (18 & over, 2 votes) & dependants 17 & under)

_____ \$25 Single (one 18 & over, 1 vote)

_____ \$20 Youth (one 17 & under, no vote)

*All of the above include fulfilling a minimum of 10 work hrs. (Includes working Open shows and attending **at** least 3 general meetings (meetings = 1 hour each)) Parents are to assist young children in fulfilling these requirements.

***Non-compliance with the above requirements will result in a membership status change.



Nomination of each horse & rider are required for Rainbow Award Programs. Please inquire. Initial the box to acknowledge nomination information on separate forms.

We/I do not hold Rainbow Saddle Club responsible for damage, injury or loss of property. I understand that we/I must be a member of RSC prior to May 15 in order to be included on RSC's WSCA membership list. Any exceptions past this date will be at member expense.

I understand this entitles **only** the individuals listed above to ride at RSC grounds and agree to respect the property and rules. I agree to put away any equipment from the arena after each use. I agree to close and lock the main entrance gate upon leaving. Fees paid are non refundable.

Signature: _

_Date____

(Signature required by parent/guardian for a minor 17& under)