2021 Rainbow Saddle Club Membership (Jan. 1st - Dec. 31st)

New member_____

(Must submit form at a meeting or have a Please Print Clearly	current RSC member sponsorship)	
•	First:	
Address:	City	MN, Zip Code:
Home Phone:	Alternate Phone:	
Email address:		
Your monthly newsletter will come by the al	pove email, please print clearly and update the sec	retary of any changes.

Please complete portion below:

List all included family members, First (and Last name if different), Date of birth with year, age group as of January 1st:						
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)

OFFICE USE ONLY:		
Paid: Check#	Cash	
Gate Lock Combination #		

Renewal