

Make checks payable to FPCMSA
Mail to: Angie Lancaster
1810 Bland Way Dover, Fl 33527



CLUB MEMBERSHIP APPLICATION

SINGLE CLUB MEMBERSHIP	\$30	CHECK ONE <input type="checkbox"/>	PAID:	CHECK ONE <input type="checkbox"/>	CHECK
FAMILY CLUB MEMBERSHIP	\$50	<input type="checkbox"/>		<input type="checkbox"/>	CASH
				<input type="checkbox"/>	PAYPAL

LEVEL: _____ CMSA # _____ DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE# _____

EMAIL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

SIGNATURE OF PRIMARY APPLICANT: _____

Liability Release : I hereby understand that I am participating in a sport which contains dangers and risks including but not limited to accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services that are provided for me by the Florida Peacemakers Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders or employees from any and all such claims and indemnify from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. By joining CMSA I am agreeing that images of my horse, equipment or myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I agree to support and enforce CMSA rules as stated in the CMSA rulebook. This solidarity agreement binds all CMSA cardholders to enforce CMSA rules and assure our competitors they will play the same game coast-to-coast when they travel for CMSA competitions.