

Central BC Team Cattle Penning Association 2022 Membership Application

This Form Includes Canadian Team Cattle Penning Association Memberships and Dues

Information			
name: (first last)	<input type="checkbox"/> check here if you do NOT want your number listed on the Membership page of the web site		
email:	phone:		
street address:			
mailing address:			
city:	prov/state:	postal/zip:	
date of birth: (mm/dd/yyyy)	home club:	current rating:	
HCBC: Horse Council BC (or Provincial Equivalent) Membership is mandatory for all CBCTCPA members			
BC Horse Council or AEF#	expiry date:		
membership details			
Details	Price	Qty	TOTAL
CBCTCPA - Family (includes 2 adults and youth up to 16yrs old)	\$50.00		
CBCTCPA – Adult (17yrs +)	\$35.00		
CBCTCPA – SR Youth (13-16yrs)	\$5.00		
CBCTCPA – JR Youth (12yrs & under)	\$5.00		
You MUST have a CTCPA (Canadian Team Cattle Penning Association) membership in order to have a rating number			
CTCPA – Adult	\$40.00		
CTCPA – SR Youth (13-16yrs)	\$10.00		
CTCPA – JR Youth (12yrs & under)	\$0.00		
TOTAL			
Additional family members			
name: (First, Last)	date of birth: (mm/dd/yyyy)	current rating:	HCBC or AEF#'s:

Please read and sign the waiver below. Submit fees and application. All fees are payable to Central BC Team Cattle Penning Association (CBCTCPA)

To the Central BC Team Penning Cattle Association,

I, the undersigned, acknowledge the dangers and the potential risk of injury involved in equine events. I assume full responsibility for any injury to myself or others or for any damage to my property or the property of others. I hereby release the Central BC Team Cattle Penning Association, and it's officers, members, agents, employees, representatives, from and agree to indemnify and save them harmless from, and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, or to the person or property of anyone else wherein so ever and howsoever caused, arising out of or in connection with my attendance at, or participation in sponsored events, notwithstanding that the same may have been contributed to or occasioned by any act or failure to act by you or your agents. I hereby agree that this release shall bind my heirs, executors, administrators and assigns, and that this release waiver and indemnity shall be a continuing one that applies to all activities that I may attend or participate in, in the future. I have read the release and understand it. (Ride at your own risk).

Signatures	
I authorize the verification of the information provided on this form. I have received a copy of this application.	
Signature:	Date:
Print Name:	
Guardian's Signature (required if 18 or under):	
Additional Signature:	
Additional Signature:	
Additional Signature:	

Email:

cbctcpa@gmail.com

Mail:

PO Box 481, Prince George, BC, V2L 4S6

Membership Expires December 31st, 2022