



CENTRAL PENNSYLVANIA
YOUTH RODEO ASSOCIATION

Membership Form

SEND FORM TO:
CPYRA SECRETARY

Leanne Martin
1328 Mountain Drive
Fredericksburg , PA 17026

Family Membership Name _____

COMPETING CHILDREN _____ Ages as of 8/1/2020 _____

MAILING ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE() _____ EMAIL ADDRESS: _____

*Enclose Membership Dues \$75.00 a year PER FAMILY.
Please make check payable to CPYRA*

PARENTS SIGNATURE _____

TOTAL SUBMITTED \$ _____ DATE: _____

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HEALTH INSURANCE COMPANY _____

(Required for all contestants)

POLICY NUMBER _____ INSURANCE CO. PHONE _____

A COPY OF YOUR HEALTH INSURANCE CARD MUST BE ENCLOSED FOR ALL MEMBERS. ALSO
A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE ENCLOSED FOR NEW MEMBERS.

Photo Release:

____ I/We will allow photographs to be taken of my son/daughter that have the potential to be
used in publications, advertisements, and on the CPYRA website.

____ I/We will not allow photographs of my son/daughter to be taken for use by the CPYRA

Signature of Parent or Guardian

Date

**Minors release form must be signed and notarized. Can be downloaded from CPYRA website.*