

Pennsylvania High School Rodeo Cinch Membership  
Membership Form

**SEND FORM TO:**

PHSRA Secretary  
Stefanie Hollenbach  
157 Shambach Rd  
Middleburg, PA 17842

Family Membership Name \_\_\_\_\_

COMPETING CHILDREN \_\_\_\_\_ Ages as of 8/1/2022 \_\_\_\_\_

\_\_\_\_\_ Ages as of 8/1/2022 \_\_\_\_\_

\_\_\_\_\_ Ages as of 8/1/2022 \_\_\_\_\_

MAILING ADDRESS

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

PARENTS SIGNATURE: \_\_\_\_\_

Mother

Father

TOTAL SUBMITTED \$ \_\_\_\_\_ DATE: \_\_\_\_\_



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 NEWMEMBERS.

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 PHSRA website.

*Signature of Parent or Guardian*

\_\_\_\_\_ *Date:* \_\_\_\_\_

*\*Minors release form must be signed and notarized, download from PHSRA website.*