

Date: _____

Clements Buckaroos Lucky 7 MEMBERSHIP & AWARDS for Calendar Year

_____ **Clements Buckaroos Membership:** \$35 Individual / \$50 Family / \$25 Junior/Senior

A Clements Buckaroos membership submitted at a Lucky 7 event automatically includes Lucky 7 membership. This membership will get you **NO arena fees** at any Clements Buckaroos event, including Lucky 7 hosted shows, CB barrel races, etc., for the calendar year! **You must complete a separate Clements Buckaroos Membership Application** for Associate Membership (never go to a CB monthly general meeting), Regular membership (attend and get voted in at CB monthly general meeting), Junior Membership (under 18 years of age) or Senior Membership (65+ years of age). Regular membership includes use of the arena during non-events.

- - - **Clements Buckaroos Liability Form must be submitted annually, whether a member or not** - - -

PLEASE SELECT A YEAR END AWARD PACKAGE BELOW, if desired:

Use one form per person. Year End Awards automatically include Lucky 7 (but not Clements Buckaroos) membership. Send questions to: Clements.Lucky7@gmail.com or Facebook "Clements Lucky 7".

_____ **YEAR END AWARD:** \$60/person, or \$50 if ALSO selecting BUCKLE

_____ **BUCKLE:** \$60/person, or \$50 if ALSO selecting YEAR END AWARD

_____ **ROOKIE:** \$25 for Lead Line riders - Year End Award

Members must participate by HELPING in MORE than half of Lucky 7 shows and events throughout the year to qualify for year end awards, by working at least 1/2 of an event or combined events during the show day in the arena or booth. Eligible shows and events are for the calendar year. The Clements Buckaroos Lucky 7 membership and awards are not in conjunction with any other club/awards.

Please print the following information *CLEARLY*:

Member's Name: _____

Jacket Size: _____ Shirt size: _____ Your favorite color to wear: _____

Tack and Accessories Preferred Colors: _____

Horse Blanket Size (inches): _____ Horse Boots Size (circle one): XS S M L XL

Address: _____

City: _____ State: _____ Zip: _____

Cell #: (_____) _____ - _____ Home #: (_____) _____ - _____

Birthdate/Age: _____ E-mail: _____

Signature (Parent or Guardian if under 18): _____

Office Use Only: Check# Cash Rcvd: Total Received: Rcvd By: Date: