

**THSRA – Region III**  
PO BOX 1024 Stephenville, TX 76401

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**2022 – 2023 YOUTH MEMBERSHIP APPLICATION**  
(5<sup>th</sup> Grade & Under Only)

**COPY OF REPORT CARD REQUIRED**

**Membership Fee: \$75.00**

Please make checks payable to THSRA – Region III - Please write **ONE** check for application

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Father's Name: _____
Mother's Name: _____
Email Address: _____
Work Phone Number(s): _____
Grade: _____ Age: _____ Date of Birth: _____

**PLEASE CHECK EVENT OR EVENTS YOU WILL COMPETE IN:**

_____ STEER RIDING	_____ BARRELS	_____ DOUBLE MUGGING
_____ BREAKAWAY ROPING	_____ POLES	
_____ GOAT TYING	_____ TEAM ROPING (Heading/Heeling)	

“We the parents or guardians of \_\_\_\_\_, give permission for our son or daughter to participate in the THSRA REGION III rodeos for the 2022 - 2023 rodeo season. By signing this membership form we hereby release the HOSPITAL, PHYSICIANS ON THE MEDICAL STAFF, THSRA-REGION III ASSOCIATION AND THE BOARD OF DIRECTORS from all liability that he or she may incur while participating in the THSRA – REGION III OFFICIALLY APPROVED RODEOS.

\_\_\_\_\_  
(PARENT OR LEGAL GUARDIAN MUST SIGN)

\_\_\_\_\_  
DATE

**THE STATE OF TEXAS**

**(Region Secretary is a Notary)**

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, BEFORE ME, personally appeared

\_\_\_\_\_, to me known to be the parent or legal guardian

of \_\_\_\_\_ and signed the foregoing instrument in my presence.

My commission Expires: \_\_\_\_\_

\_\_\_\_\_

Office use only:

Date: \_\_\_\_\_ Payment: \_\_\_\_\_ Amount: \$ \_\_\_\_\_