

THSRA – Region III

1206 Sierra Vista Drive, Granbury, TX 76048

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2025 – 2026 YOUTH MEMBERSHIP APPLICATION

(5th Grade & Under Only)

COPY OF REPORT CARD REQUIRED

Membership Fee: \$100.00

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: \$ _____