

Paint Barrel Racing Incentive Program Enrollment Application Complete ALL information below and sign Please print CLEARLY!

Horse:		Regi	istration #:	
Horse:		Regi	istration #:	
Horse:		Regi	istration #:	
Name:		АРН	A Member #:	
Address:				
City:	State:	Zip:	Phone:	
Email:	Social Sec #:		Birthdate:	
	PBRIP Enrollm	ent Terms and	<u>Fees</u>	
Enrollment is not retroactive. You must	he a current APHA meml	her hefore receiving a	ny PBRIP money, awards or points	
One Horse \$39	be a careful til til tilletin	bei beiore receiving a	iny i Bixii illohoy, awarda di politici.	
Additional Horses \$29 each				
Number of additional horses:				
Sub-Total PBRIP enrollment fee/s: \$				
APHA MEMBERSHIP INFORMATION	Į			
 All riders must have a current individ All horse owners must have a currer 			se's ownership on record with APHA.	
AjPHA membership (Junior)	A	APHA Membership (Ad	dult)	
☐ Junior, Annual—\$29 Date of Birth:	ם	☐ Adult, annual - \$79		
Date of Birth: (Expires 12/31 of 18-year-old year.)				
	Disclaim	er of Liability		
release and hold harmless APHA, PBR produced and endorsed events from lo	RIP, arena owners, event passes damages, or injury to uced or endorsed event.	oromoters, sponsors, a o me, my equipment, a APHA/PBRIP assume	y and be bound by them. I further agree to and any person connected with APHA/PBRIP and/or my animals resulting in my attendance or s no liability to those who have not read these	
TOTAL SUBMITTED:	\$39 PBRIP e	enrollment fee + A	APHA membership (if needed)	
Signature:			Date:	
If applicant is a minor, their parent	or legal guardian must	also sign below		
Guardian Signature:			Date:	
Credit Card #:		F	CVV#:	