**Family Membership Fee: $55** **Date Of Membership**: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Fill Out For Family Membership

**Family Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-Mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member 1**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Member 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Member 3**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Member 4**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_ Date Of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Penn Ohio Classes (Age as of Jan 1st)** Open 4D

Pee Wee ( Rider Age 10 & Under) Youth ( Rider Age 18 & Under)  
Adult ( Rider Age 19-39) Master ( Rider Age 40 & Over)  
JR Horse ( Horse 5 & Under) Pol**es**  **2019 $75.00 Family Sponsorship  
 ( mark here \_\_\_\_\_ if not paid with Membership)  
A Mandatory sponsorship is required for all members. You can pay with your membership or with a separate form before May 1st. If you join after May 1st, you have 60 days from the day you joined to turn in your sponsorship form or you will not receive points.**

If a business card is attached all attempts will be made to duplicate accurately.

Sponsor Name:  
Address:  
Phone Number:  
Website:  
Amount Of Sponsorship:  
  
 **Please Make Checks Out To: Penn - Ohio Barrel Racing Association  
 Send To: Morgan Minor 1988 Sandy Lake - Grove City RD Jackson Center PA 16133**  Check #\_\_\_\_\_\_\_\_ Total Paid \_\_\_\_\_\_\_\_ Officers Initials\_\_\_\_\_\_\_\_\_