

# 2024 Wayne City Saddle Club Membership Application

Please fill out the following application(s) and return to Wayne City Saddle Club P.O. Box 28 Wayne City, IL 62895 OR email to wcsaddleclub@yahoo.com

**Please note: All Youth Rodeo members MUST also be Club Members!**

## Club Membership Dues:

- \_\_\_\_\_ \$5 Single Day WCSC Membership  
\_\_\_\_\_ \$10 Individual WCSC Membership (18+ years old or a parental signature required)  
\_\_\_\_\_ \$20 Family WCSC Membership (all persons must reside at the same residence)

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List those included in your *WCSC Membership* purchase:

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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## Youth Rodeo Membership Dues:

# of Youth Rodeo Contestants \_\_\_\_\_ X \$20 per contestant = \_\_\_\_\_

List those included in your *WCSC Youth Rodeo Membership* purchase:

1. Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
2. Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
4. Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
5. Contestant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Total Dues (Club fees + YR Fees) = \$ \_\_\_\_\_**

I declare that I am over the age of 18 and all member(s) stated above reside at the listed above address. I am the legal guardian(s) of any minor children listed above. By signing this agreement I understand and do hereby release, discharge and hold harmless The Wayne City Saddle Club Inc., its members and officers, their assigns, land owner(s), and successors from any and all claims arising out of accidents, incidents, injury including death during any rodeos, barrel shows, or any equine related and/or social function held by the Club. I agree to pay the membership listed above and remain in good standing for the duration of this membership, which is detailed in the WCSC Bylaws. A copy of said Bylaws are available online or by request.

\_\_\_\_\_ I have read or have been given the opportunity to read and understand the WCSC Bylaws.

\_\_\_\_\_ I hereby grant WCSC permission and consent to take photos and/or video of all persons listed for the use of media coverage and/or publicity materials.

**Signature of Member (Guardian if under 18):** \_\_\_\_\_

Received by (initials) \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Cash or Check# \_\_\_\_\_