4-H MEMBER PARTICIPANT APPLICATION

Texas 4-H Calf Roping and Break-A-Way School

June 18-22, 2017

Name_____

Age_____Sex _____ County:_____District:_____
Home Address_____Town_____Zip:_____
Parent's Phone (Home)_____ (Office)_____

E-Mail Address:
(please make eligible) _____

T-Shirt Size □YM □YL □AS □AM □AL

Have you attended a previous Texas 4-H Roping School? ☐ Yes ☐ No If yes, what year(s)?_____

Are you a junior leader in 4-H? ☐ Yes ☐ No What project: _____

Why do you want to attend?

_____

_____

What is your previous experience in roping? _____

Do you own or have available a satisfactory roping horse?_____

I agree to abide by the rules of the Texas 4-H Calf Roping School and conduct myself in a proper and courteous manner throughout the duration of the school.

_____
Signature of 4-H Member

I understand the rules and conditions for attendance at the Texas 4-H Calf Roping School and consent for my child to participate. I agree to release the Texas A&M AgriLife Extension, the instructors of the school, Tarleton State University of Liability in case of injury or damage to my child, equipment and horse during and as a result of participating in the Texas 4-H Calf Roping School.

_____
Signature of Parent or Guardian

Please Check That These Documents Are Sent To The District 7 4-H Office- 7887 US Highway 87 North, San Angelo, TX 76901 – c/o Garry Branham

□ **Copy of EIA Test Papers Enclosed**
□ **4-H Member Participant Application**
□ **Adult Participant Application**
□ **Code of Conduct**
□ **Rules for Participants**
□ **Medical Release**
□ **Payment**

PLEASE RETURN THESE DOCUMENTS NO LATER THAN MAY 1ST