

2010

**SISKIYOU SIDEKICKS MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(NOTE: Due to rising cost of postage, SSK will be sending most info via e-mail when possible)

**ADDITIONAL FAMILY EXHIBITORS**

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

**MEMBERSHIP RATES: (PLEASE CIRCLE ONE)**

Single Membership: \$15.00 Amount Paid \$ \_\_\_\_\_

Family Membership: \$25.00 Date Paid \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SSK MEMBERSHIP CONTRACT**

As a Siskiyou Sidekicks (SSK) member, I understand that I must abide by all SSK bylaws, rules, and regulations. I also understand that to qualify for the Year End High Point Awards, I, or my representative, must work at every show that I attend. Please circle any of the following jobs you would be able to help with:

**Gate/Saturday                      Gate/Sunday                      Ribbon Person/Saturday                      Ribbon Person/Sunday**

**Announcer/ Saturday                      Announcer/Sunday                      Ring Steward Saturday                      Ring Steward/Sunday**

**Trail Set Up                      Trail Take Down                      Jump Set Up                      Jump Take Down**

**Other \_\_\_\_\_**

**SSK WAIVER**

We make this application for membership at our own risk and subject to the rules of the Siskiyou Sidekicks and we do agree for ourselves and representatives to be bound. Thereby, the sponsoring organizations, Siskiyou Sidekicks and Siskiyou Golden Fairgrounds, and their representatives, will not be responsible for any accidents, injuries, or loss that may occur to the exhibitor(s), exhibitor's family members, horses, or equipment.

\_\_\_\_\_  
Signature (parent or guardian of youth)

\_\_\_\_\_  
Date

**Please send completed application and membership rates to:**

*Pam Wilden, SSK Show Secretary, 1532 Fredrick Street, Mt. Shasta, CA 96067*

Please make checks payable to SSK. Applications may also be handed in to the Show Secretary at any SSK Show.