N.H.S.R.A.
ONE-TIME CONTESTANT

STATE _____

YEAR 2024-25

MEMBER NO.	NAME OF INSURED	PHONE NO.	GRADE	SEX	NEW	RENEW	ADDRESS	DATE PD
			12	F	☐	☐		
			12	F	☐	☐		
			12	F	☐	☐		
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			12	F	☐	☐		

SIGNED BY _____ No. of Insureds _____ x $ **12.00** = $ $ 0.00

STATE SECRETARY DATE (TOTAL MEMBERSHIP RATE)

NOTE: Prepare roster in duplicate. Send original copy to the **National High School Rodeo Association, Inc.; 12011 Tejon Street, Suite 900, Denver, CO 80234** along with payment for the membership fee and insurance premium. Retain an extra copy for your records.

Individual premiums must be paid to state secretary before any individual can participate in any approved safety seminar or rodeo. Coverage begins as of the inception date of the policy or the date that the premium is received by the appropriate sponsor and or supervisor. For qualified members only.