



**INLAND EMPIRE BARREL RACING ASSOCIATION, INC.  
2010 MEMBERSHIP APPLICATION**

Members must reside in Spokane, Stevens, Ferry, Pend Oreille, Lincoln, Whitman, Adams, Grant, Douglas & Okanogan Counties in the State of Washington And Bonner, Kootenai, Shoshone and Latah Counties in the State of Idaho.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Phone:\_(\_\_\_\_\_)\_\_\_\_\_

E-Mail \_\_\_\_\_ Newsletter e-mailed to you: YES \_\_\_ NO \_\_\_

**MEMBERSHIP FEE: INDIVIDUAL \$25 \_\_\_\_\_ FAMILY: \$35 \_\_\_\_\_**

(For award purposes): Belt size: \_\_\_\_\_ Coat size: \_\_\_\_\_ Boot Size: \_\_\_\_\_  
Horse Blanket Size: \_\_\_\_\_

**OPEN DIVISION COMPETITOR:**

Rider: \_\_\_\_\_ Horse: \_\_\_\_\_

**LIST 2000 OR 500 NOVICE REGISTRATIONS BELOW:**

RIDER'S NAME	HORSE NAME: REGIS. & BARN	2000 / 500	LIFETIME EARNINGS
1			\$
2			\$
3			\$

**Application will not be accepted without lifetime earnings filled in.**

**JUNIOR DIVISION: AGES 12 & UNDER**

**YOUTH DIVISION: AGES 13-18**

RIDER'S NAME	YOUTH OR JUNIOR	CHILD'S BIRTHDATE
1		
2		
3		

**IEBRA RELEASE FORM**

**AS MEMBER OF THE IEBRA, I HEREBY AGREE TO HOLD HARMLESS AND ASSUME THE RISK OF ANY INJURY TO MYSELF, MY PROPERTY AND EVERY MINOR PERSON WHO ACCOMPANIES ME TO AN IEBRA SPONSORED OR CO-SPONSORED EVENT. FURTHER I WILL HOLD HARMLESS EACH EQUINE ACTIVITY SPONSOR FROM ANY CLAIM OF INJURY OR DAMAGE THAT COULD BE SUSTAINED BY MYSELF, MY PROPERTY AND EVERY MINOR PERSON WHO ACCOMPANIES ME TO AN IEBRA SPONSORED OR CO-APPROVED EVENT.**

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

SEND APPLICATIONS TO: **IEBRA SECRETARY**

**Kateari Jenson  
112 E. Dalton Ave.  
Spokane, WA 99207**

**509/991-4534 (cell)  
kookies\_n\_kreme\_06@yahoo.com**