



Hawaii High School Rodeo Association-Maui District

KEIKI MEMBERSHIP APPLICATION

2019 – 2020

Membership ID# _____
(FOR DISTRICT/STATE USE ONLY)

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip _____

Parent's/Guardian's Information:

Name: _____ / _____

Phone: _____ / _____

Email Address: _____ / _____

Member Information:

Date of Birth: _____ Age as of 8/1/19: _____

School Attending: _____ Current Grade: _____

Medical Insurance: _____ Policy Number: _____

Dues and Fees -Competing Member:

NHSRA Dues & Insurance: \$30.00

HHSRA State Dues: \$35.00

Maui District Dues: \$35.00

TOTAL: \$ \$100.00

(This insurance is mandatory for all participants; we must submit to the State association)

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____