

## Cowtown Cowboy Shooters Association

<b>Contestant</b>	<b>Agreement</b>
•	

**Alias:**\_\_\_\_\_ Name: \_\_\_\_\_

SASS No.							
Address:			Но				
			Cel	l Phone #: (	)		
			E-N	Mail:			
Emergency Contact Information:				Change of Information:			
Name:			<u></u>				
Phone #: (	)						
City & Star	te:						
Monthly M	latch fees: Men	nber: \$15	Non-Memb	per: \$20	JR: \$5		
including, leye and ear CCSA poli maintain the In consider of its agent will, at my all such clato persons	but not limited to r protection at all cies regarding some spirit of the ga- ration of the right as, I do hereby as own expense, do nims, and indemonsor property occas	icipating in a shoo, accidental injal times during the affety. I am fame during the affety are during the management of the management of the management of the management of the area and affety area are during a solution of the area area are during a solution of the area area are during a solution of the area area.	ury, the force the match, to f iliar with SAS match, posse of in this event, all risks associated gement and of in any and all act or omission	in which certains of nature, and ollow prudent organization, and services provided with such all sponsors, the liability, damand of the contests.	n dangers and risks of or illness. I am a gun safety rules, ar ill adhere to these and awards activitie ovided for me by the events. I further their members, or ege, and cost arising tant.	dvised to wear and adhere to rules and ass.  CCSA, and any agree that I employees from g from injuries	
Contestan	t Signature:			Dat	te:		
Contestant Signature: Parent/Guardian:							
January	February	March	April	May	June		
July	August	September	October	November	December		
CCSA Use Only							
Dues paid		Membership Type		Exp	Expires		