South Dakota Reined Cow Horse Association

Stallion Stakes Waiting List Application

I hereby request to be placed on the waiting list for a South Dakota Reined Cow Horse Association (SDRCHA) Stallion Stakes slot. A **one-time payment of $50** is enclosed. I also agree to maintain membership in the SDRCHA and understand that a lapse in membership will cancel my position on the waiting list requiring an additional reinstatement fee of $50.

**Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership information (please circle)**

**Individual Membership: $25 per year**

**Family of Partnership Membership: $30 per year**

**Total amount enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send application and payment to:

Kelcie Lawrence

PO Box 55

Alzada MT 59311

If you have any questions, please call Kelcie at (605)580-0044 or email at [kelcieleel@hotmail.com](mailto:kelcieleel@hotmail.com)