



**APPLICATION FOR TEAM ROPING 'FOSTER PARENT'**

NAME: \_\_\_\_\_

Phone #: \_\_\_\_\_

Rodeo Season: \_\_\_\_\_

Age Group: 4-8 9-12 13-15 16-18

**\*\* ROPING WITH A PARENT IS PRIORITY. If your parent is capable of roping that is who you are to enter with, no matter their ability level or the end that they rope.\*\***

List the names of three adults you would like the AJRA board of directors to consider as your 'Foster Parent' for the season. Below each name list reasons why the board should choose this adult to be your partner.

Choice #1: \_\_\_\_\_

Reasoning: \_\_\_\_\_

Choice #2: \_\_\_\_\_

Reasoning: \_\_\_\_\_

Choice #3 : \_\_\_\_\_

Reasoning: \_\_\_\_\_

Before submitting this application be certain to talk with the adults you are selecting to be sure that they are willing and available.

**Approved Partner for Season** \_\_\_\_\_

\*\* For quickest approval, email application to [ajrarodeo@hotmail.com](mailto:ajrarodeo@hotmail.com) \*\*\*\*