

Application Form

Date of Application		_		
Individual (\$45 per year)	_Family (\$60 per year) Make Che	cks payable	to RLBC
(Please note that a family membershi age of 18. Persons under the age of 1				children under the
Full Names			Date	of Birth
Mailing Address:				
City:		State:	Zip:	
Family Phone:	Cell:			
Email:				
Can we call on you to help if nee	eded? Yes No			
I, the undersigned, agree to abide by the Red Let tobacco allowed on the grounds and any violatio volunteers, or officials will not be held responsite exhibitor, trainer, owner, groomer, spectator, or destroyed articles, whether or not such damage, officials. I also understand photographs will be to newspaper articles and that of the like. I have red	on of the RLHA's rules may cause ble for any accident, loss, injury, o attendant, to animals or equipmen injury or loss is the result of negliques taken at the events and there is a cl	nullification of my r damage which m t. Nor will they be gence on the RLH. nance that the phot	membership. RHL ay occur or be held held responsible fo A, its agents, emplo os will be used on s	A, its agents, employees, suffered by any r any loss, stolen or yees, volunteers, or
SignedThis is a min	istry of the Red Level	Date	·oh	