



CTCPA New Member Classification Form

NOTE: THIS FORM IS FOR NEW MEMBERS WITH NO PAST RATING.

Complete this form along with the Membership Form for your Local Association.

Each individual must be a member of one of the Local Associations and also pay the applicable CTCPA fees located on the local association membership form.

1. Are you or have you ever been one of the following?

Penning/Cowhorse/Cutting Trainer _____

Rancher /Wrangler _____

2. How many years have you been penning?

Have not penned before _____ Less than 1 year _____ 1 to 3 years _____

4 to 6 years _____ More than 6 years _____

3. How do you rate your present penning ability?

Beginner _____ Novice _____ Amateur _____ High Amateur _____ Open _____

4. Please rate your present riding ability relative to other penners.

Beginner _____ Novice _____ Amateur _____ High Amateur _____ Open _____

5. Rate your "cow sense" (the understanding of how cows behave and how herds function) Is it?

Beginner _____ Novice _____ Average _____ Good _____ Very Good _____

6. Please answer the following questions about the jackpot pennings you have entered in the past two years (do not include practice penning):

a. Indicate the number of pennings you have paid to enter in the past 12 months:

Did not pen _____ Less than 5 _____ 5 to 10 _____ More than 10 _____

b. Indicate your average number of entries per penning in the last 12 months:

0 to 3 _____ 4 to 6 _____ 7 to 9 _____ greater than 9 _____

c. What percentage of these entries earned a cheque in the past 12 months?

Did not win _____ 0 to 5% _____ 6 to 10% _____ More than 10% _____

d. Indicate the number of pennings you have paid to enter in the 13 to 24 months prior:

Did not pen _____ Less than 5 _____ 5 to 10 _____ More than 10 _____

e. Indicate your average number of entries per penning in the 13 to 24 months prior:

0 to 3 _____ 4 to 6 _____ 7 to 9 _____ Greater than 9 _____

f. What percentage of these entries earned a cheque in the 13 to 24 months prior?

Did not win _____ 0 to 5% _____ 6 to 10% _____ Greater than 10% _____

Please note that the rating number issued is subject to review by your local association.

Name _____ Phone # _____

Signature _____ Date _____