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 penning you have entered in the past two years (do not include practice penning):
   a. Indicate the number of penning 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_______________________