





## YOUTH MEMBERSHIP APPLICATION

NAME (PLEASE PRINT LEGIBLY)			BIRTH DATE
MAILING ADDRESS			
CITY		STATE	ZIP
EMAIL ADDRESS			PHONE NUMBER
Please select division(s) you v	wish to partic	ipate in the 2	2025-2026 year:
Cattle DivisionHog Div	isionLar	nb Division _	Goat Division
Youth Membership is based on the <b>i</b>	number of divis	ions the youth	will participate in:
One Division: \$3	35.00 l <b>Two Divi</b>	sions: \$60.00	
Three Divisions: \$			)
If applicant is under the age	of 18, a parent must	sign the release bel	ow:
I, (print name)	, as th	e parent or guardia	n of (print youth members name)
	, do approve	of his/her participa	ation in the SAILA Junior Field Day
Circuit. With participation as a youth member of the SAILA	A organization, we ha	ve read the SAILA G	eneral Rules, Regulations, Code of
Ethics and the National Code of Show Ring Ethics, as publi	shed on the SAILA we	ebsite, and agree to	observe and abide by these rules.
I do release the Southern Arizona International Livestock	Association (SAILA) a	nd any of its membe	ers, officers, directors, and or staff
and volunteers from any liability or responsibility in the ev	ent of injury or misha	p to the child or ani	imals involved.
SIGNATURE OF PARENT/GUARDIAN	DATE	SIGI	NATURE OF YOUTH
Please enclose a check p	ayable to SAILA	A for your annu	ıal dues.

SAILA YOUTH Membership is on a March to March annual basis.