



Journeyman Team Entry Form

21st Annual Texas Lineman's Rodeo

Entry Deadline: May 19, 2017

Please Print Clearly

Utility Name: _____

Address: _____

City/State/Zip: _____

Rodeo Team Coordinator: _____

Phone: _____ Email: _____

Journeyman #1, Team Captain; Name: _____

Job Title: _____ Birthdate: ____/____/____

Phone Number: _____

Email: _____

T-shirt Size: _____

Journeyman #2 Name: _____

Job Title: _____ Birthdate: ____/____/____

Phone Number: _____

Email: _____

T-shirt Size: _____

Groundman Name: _____

Job Title: _____ Birthdate: ____/____/____

Phone Number: _____

Email: _____

T-shirt Size: _____

Journeyman Team Entry Form

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|---|--|
| Entry Fee: \$250.00 per team* | Entry Deadline: May 19, 2017 |
| <p>Check one:</p> <input type="checkbox"/> Contractor <input type="checkbox"/> Electric Cooperative <input type="checkbox"/> Investor-Owned <input type="checkbox"/> Municipal <input type="checkbox"/> Seniors (45 & over) | <p>Return to: Texas Lineman's Rodeo Association, Inc. c/o Susan Wilson 6400 IH 10 West Seguin, Texas 78155 swilson@gvec.org 1 (800) 223-4832 x 4423</p> |
| <p>*Late entries will be assessed a \$100 late fee. Please make checks payable to TLRA. **Any team changes after May 19, 2017 will result in \$100.00 change fee.</p> | |

I hereby swear that I meet the requirements of a Journeyman Lineman as described by the TLRA and I am a qualified climber. I will abide by the rules as set out by the TLRA.

Journeyman #1, Team Captain; Signature: _____

Journeyman #2 Signature: _____

I hereby swear that I meet the requirements of a:

Groundman as described by the TLRA.
 Journeyman Lineman and a qualified climber as described by the TLRA.

I will abide by the rules as set out by the TLRA.

Groundman Signature: _____

NOTE: Only a qualified Journeyman can replace an injured Journeyman as a climber.

As the registering Journeyman Team Supervisor and employer representative, I certify that the team is approved to compete and are qualified climbers, as per OSHA standards. The team meets the requirements to compete as described by the TLRA.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Utility Name: _____