

CSHA REGION 12

GYMKHANA PROGRAM REGISTRATION FORM

Rider's Name _____ Age _____ (As of Jan. 1st)

Mailing Address _____ Phone (____) _____

City _____ Zip _____

Email _____ Fax (____) _____

Horse's Name _____ Stallion ___ Mare ___ Gelding ___

I/we understand in order to participate in the Region's gymkhana program and at the CSHA State Championship Show, the rider must be an individual member of the California State horsemen's association (CSHA), or be a member of a CSHA club.

___ I am now a direct member of CSHA: Senior ___ Family ___ Junior ___ Life ___

Family membership is under the name of _____

___ I am a member-in-good-standing of the following CSHA member club.

___ Attached is an application and the dues for direct membership in CSHA.

___ I have submitted a membership application to the following CSHA member club:

I/we understand acceptance into this program is contingent upon verification of membership. I/we further understand shows attended prior to the effective date of membership and registration will not count.

Rider's Signature

Parent/Legal Guardian' Signature
(Required if rider is under 18 years of age)

Date ____/____/____

Date ____/____/____

Registration Fee Paid \$ ____10.00____ Cash _____ Check # _____

Membership Verified By (person contacted) _____

Date Membership was effective ____/____/____

Date of verification ____/____/____

Date Copy Sent To State Chairman ____/____/____

Date Received By State Chairman ____/____/____