

CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED
STATE ENDURANCE PROGRAM
REGISTRATION 20__

Name(s) & Division (JR, FWT, LWT, MWT, HWT put division next to each name): _____

Address: _____

Phone: _____

Email: _____

Horse name(s) _____

Type of C.S.H.A. Inc. Membership: Individual or Club (Circle one)
Name of Club and type of membership (Family or Individual) _____

Must be a direct member in good standing with verifiable membership in C.S.H.A. or be a current member through a Club that has a club membership to C.S.H.A. in verifiable good standing.

Family (includes one horse per family member) \$20.00.... _____

Individual(Includes one horse)\$12.50..... _____

Additional Horses \$12.50 Each..... _____

Total _____

Make Check payable to C.S.H.A. Inc.

Signature of Applicant _____

Date of Application _____

Mail to :

Audra Homicz PO Box 581, Weaverville, Ca 96093

FOR OFFICE USE ONLY:

Date received _____ Entered in QB _____ Chk# _____ Check amount \$ _____

GL Acct _____ Date Membership verified _____

Comments Mailed to State Program Chair _____ Entered in Program Roster _____