

**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 \_\_\_\_\_