



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

English / Western Program REGION _____ Year _____

MAIL TO: YOUR REGIONE/W CHAIR (Note: One Horse & Rider/Handler Combination per Form)

Rider/Handler's Name: _____ Birthdate: _____

(18 years and over) Amateur Card # _____ Issued by: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____ Email: _____

CSHA Membership REQUIRED [] Attached is my CSHA Membership application form for the calendar year 20____ and dues payment

OR I am a member of CSHA: Membership #: _____ or Name of CSHA Club: _____

Name of Horse: _____

Sex of Horse: _____ Breed: _____ Age: _____ Color: _____
As of January 1st

Name of Owner: _____

Categories Divisions (Check all Categories and Divisions in which you wish to compete to qualify for the State Championship Show)

- [] HALTER [] Junior Horse (5 years & under) [] Senior Horse (6 years & Over) [] Open
[] REINING [] Youth 17 & Under [] AA 18 & Over [] Open
[] WESTERN [] Lead line [] 10 & Under W/J [] 13 & under [] 14-17 [] 18-34 AA [] 35 & Over AA [] Open
[] ENGLISH [] Lead line [] 10 & Under W/T [] 13 & under [] 14-17 [] 18-34 AA [] 35 & Over AA [] Open
[] RANCH [] Youth 17 & Under [] AA 18 & Over [] Open

In addition Region _____ also offers the following divisions for Region only Hi-Point:

- [] [] [] [] []

Table with 2 columns: Description and Amount. Rows include State Registration Fee (\$25 per horse/rider/handler combination), Region Registration Fees, # Categories Entered, # Divisions Entered, Other Region Fees, and Total Payment.

Rider/ Handler Signature _____ Date _____

Parent/Guardian Signature (if rider/handler is under 18) _____ Date _____

Horse Owner Signature (if different from Rider/Handler or Parent/Guardian) _____ Date _____