



CSHA REGION _____

Obstacle Challenge Program Registration Form

Rider Name _____ Age _____ (As of Jan. 1st of current year)

Mailing Address _____ Phone (____) _____

City _____ Zip _____

Email _____

Horse's Name _____ Color _____ Stallion _____ Mare _____ Gelding _____

Category: (circle one) Assisted Rider Youth Novice Intermediate Advanced

Age Division: (circle one) 17 & Under 18 – 49 50 & Over

Rider registration fee must accompany registration form. \$20.00 for each Horse/Rider Combination.

I/We understand in order to participate in the Region's Obstacle Challenge Program and at the CSHA region championship, the rider must be a member of the California State Horsemen's Association or a member of a CSHA Club.

____ I am now a direct member of CSHA: Senior _____ Family _____ Life _____

Family membership under the name of _____

____ I am a member-on-good-standing of the following CSHA member club

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

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's Signature

(Required if rider is under 18 years of age)

Date _____

Date _____

MAKE CHECK PAYABLE TO

CSHA REGION _____ OBSTACLE CHALLENGE

MAIL FORM TO

FOR MORE INFORMATION CALL

Membership verified by (person) _____ Date Effective _____

Registration Fee Paid \$ _____ Date Copy Sent To State Chair _____