



CSHA REGION \_\_\_\_\_

## Obstacle Challenge Program Registration Form

Rider Name \_\_\_\_\_ Age \_\_\_\_\_ (As of Jan. 1<sup>st</sup> 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 \_\_\_\_\_