



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

Parade Program Year _____
Point Year January thru December
Parade High Point Registration

Date _____

Name _____ Email: _____

Address _____ Phone _____

City _____ State _____ Zip _____ Region _____

Please circle: Jr. or Sr. Birth date (for Jr.) _____

(A junior is a contestant who has not reached his/her 18th birthday by December 1)

Please circle class(es):

- Sheriff's Posse Open Arabian Costume Jr. Sr.
Mounted Group Jr. Sr. Fancy Dressed Western Jr. Sr.
Drill Team Jr. Sr. Fancy Parade Horse Jr. Sr.
Charro/Charra Mounted Group Jr. Sr. Charro/Charra Costume Jr. Sr.
Authentic Novelty Mtd. Group Jr. Sr. Vaquero Jr. Sr.
Novelty Fiesta Mounted Group Jr. Sr. Authentic Novelty Costume Jr. Sr.
Novelty/Fiesta Costume Jr. Sr.
Family Mounted Group Open Indian (Native American) Jr. Sr.
Parade Horse Jr. Sr.
Color Guard Jr. Sr. Plain Western Jr. Sr.
Sets of Four Jr. Sr. Silver Mounted Jr. Sr.
Ladies Sidesaddle Jr. Sr. Spanish Costume Jr. Sr.
Matched Pair Open Working Western Jr. Sr.
Mule Class Jr. Sr.
Future Horseman - Western (1-8) Horse Drawn Vehicle Jr. Sr.
Future Horseman - Costume (1-8) Pony Drawn Vehicle Jr. Sr.
Junior Equestrian (9-17) Miniature Class (miniature horse/mule) Jr. Sr.
Miniature Horse/Mule Vehicle Group Open

Signature _____

Parent/Guardian must sign for juniors _____

CSHA membership is REQUIRED either as a CSHA Direct member (Senior or Family member) or as a member of a CSHA Club (a club that has joined CSHA for the current year).

The CSHA membership year is January 1 to December 31 of each year. * Use CSHA MEMBERSHIP APPLICATION only, to join CSHA or RENEW your CSHA Membership.

Please circle which CSHA membership you currently have: CSHA Direct Member CSHA Club Member
Club name: _____ Region _____

Program registration fees: All fees are payable at time of registration and are NON-REFUNDABLE with NO EXCEPTION. (Ribbons will be given if Nomination fee is not paid at that time)

Table with columns for fee type, amount, and office use only fields (Chk#, Date Rec'd, Date in QB, GL#, Date CSHA Membership Paid, Date faxed app to Chair, Date mailed/emailed app to HP Secretary).

Please complete and return the application with the appropriate fees to CSHA State Office at: PO Box 1228, Clovis, CA 93613-1228 559-325-1055 fax559-325-1056 csha@att.net

Revised 11/19/14