



California State Horsemen's Association, Incorporated

HORSEMASTERSHIP PROGRAM APPLICATION 2016

Sign up deadline: June 30, 2016

Name: _____

Mailing Address: _____

Tel: () _____

E-mail: _____ Region _____ Don't know _____

Date of Birth: _____

Please indicate the category in which you will compete

- | | |
|---|---|
| <input type="checkbox"/> English I (jumping 2'9") | <input type="checkbox"/> English II (flat only) |
| <input type="checkbox"/> Gymkhana (barrels & poles) | <input type="checkbox"/> Western (Stock seat) |
| <input type="checkbox"/> Combined (English I and Western) | |

Please indicate your type of membership:

- Senior Family club membership* I don't know

*Name of club _____

Program application subject to CSHA membership verification.

Please return this form to:

Greta De Graeve
7717 Vista Verde Way
Sacramento, CA 95828

Tel. 916-681-6743

email: wienerkind@hotmail.com

For office use only

Date received: _____
Membership verified by: _____

Date verified: _____

