



California State Horsemen's Association, Incorporated

Region _____

Horsemastership Program Application 2017

Name: _____

Address: _____

Tel.: (_____) _____ e-mail: _____

I will compete in the following division and category:

_____ Junior (17 & younger) Date of Birth: _____ _____ Adult (18 & older)

_____ English I (jumping 2'9)

_____ Gymkhana (barrels and poles)

_____ English II (flat only)

_____ Western

_____ Combined (English I and Western)

I am a CSHA member as follows:

_____ I am not a CSHA member

_____ Individual or Family

_____ Club*

_____ I don't know

*Name of club: _____

**Please mail this form to your Region President
Your Region may charge a fee.**

**Program registration acceptance subject to active CSHA membership verification.
No points will accrue prior to activation of membership.**

Verified by: _____ (Please print name)

Date: _____