



California State Horsemen's Association, Incorporated

Region _____

Horsemastership Program Application 20 ____

Name _____

Address _____

Phone () _____ email: _____

I will compete in the following division and category:

Junior (17 & Under) Date of birth: _____ Adult (18 & over)

English I (jumping 2' 9") Gymkhana (barrels & poles)

English II (flat only) Western

Combined (English I and Western)

I am a CSHA Member: Yes No

Individual or Family

Club * Name of Club: _____

I am not a CSHA member

Please mail this form to your Region President

Your Region may charge a fee

- Program registration acceptance subject to action CSHA membership verification
- Areas that do not have region officers may contact the State Chair directly

Verified by: _____

Please print name

Date: _____