

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	e	Zip	Region
Please circle: Jr. or Sr.			Birth date (for Jr.)			
(A juni	or is a con	testant who has r	Birth date (for Jr.) not reached his/her 18 th bi	irthday by De	cember 1)	
Please circle class(es):						
Sheriff's Posse		Open	Arabian Costu	ıme		Jr. Sr.
Mounted Group	Jr. Sr.		Fancy Dressed	Fancy Dressed Western		Jr. Sr.
Drill Team	m 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 Nov	velty Costume)	Jr. Sr.
•	1		Novelty/Fiesta			Jr. Sr.
Family Mounted Group		Open	Indian (Native American)		Jr. Sr.	
		· r	Parade Horse		Jr. Sr.	
Color Guard		Jr. Sr.	Plain Western			Jr. Sr.
		Jr. Sr.	Silver Mounted		Jr. Sr.	
Ladies Sidesaddle Jr. Sr.			Spanish Costume		Jr. Sr.	
Matched Pair		Open	Working Wes			Jr. Sr.
		open.	Mule Class			Jr. Sr.
Future Horseman - Western		(1-8)	Horse Drawn Vehicle			Jr. Sr.
,		(1-8)	Pony Drawn Vehicle			Jr. Sr.
Junior Equestrian		(9-17)	Miniature Class (miniature horse/mule)		horse/mule)	Jr. Sr.
Julioi Equestran		()-17)	Miniature Horse/Mule Vehicle Group		,	Open
Signature				isc/ivitale veli	cic Group	
Parent/Guardian must sign for juni	iors					
CSHA <u>membership is</u> REQUIRI	ED either a	s a CSHA Direc	t member (Senior or Fam	nily member)	or as a member	of a CSHA Club
(a club that has joined CSHA for t			`	,		
The CSHA membership year is Jan			each year. * Use CSHA	MEMBERSI	HIP APPLICA	TION only, to join
CSHA or RENEW your CSHA	Membersl	ip.	•			
Please circle which CSHA membe			CSHA Direct Member	CSHA CI	lub Member	
Club name:						
Program registration fees: All fees	s are naval	ale at time of re	gistration and are NON	-REFLIND	RIE with NO	EXCEPTION
(Ribbons will be given if Nominat				KEI CI (DI	IDEE WILLIAM	LACLI HOIW
(Ribbons will be given it frommat	1011 100 15 1	ot paid at that th	FOR OFFICE USE O	NI.V		
Single rider or vehicle	\$20.00		Chk#		Chk Amt	
Matched Pairs			Date Rec'd_		Postmark	
Color Guard or Group			Date in QB			
Color Guard of Group	φ33.00		GL#		-	
High Point Award Fee	\$20.00		Date CSHA Membersh	in Paid		
(Nom fee per rider)	Ψ20.00		Date CSTIA Memocisii	r aid		1 ν1 π
Parader's Grant donation (optional)\$		Date faxed app to Chair Date mailed/emailed app to HP Secretary				
(Handicapped Riding Program) \$			Date maneu/emaneu ap	pp to TIF Sect	ctai y	
(Handicapped Kiding Pic	graiii) \$					
TOTAL PAID	\$					
IOIAL FAID	Φ					

Please complete and return the application with the appropriate fees to CSHA State Office at: 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207