CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED
ENGLISH / WESTERN PROGRAM
SHOW OF CHAMPIONS & STATE HIGH POINT REGISTRATION FORM 2011

MAIL TO: YOUR REGION E/W CHAIR (Note: One Horse & Rider/Handler Combination per Form)

Rider/Handler's Name: _____ Birthday: _____
(AMA must have AMA card)

Address: _____ Telephone: (_____)_____

City: _____ Zip: _____ Fax: _____ e-mail: _____

CSHA Membership REQUIRED-either as a Direct Member or as a member of a CSHA Club. To join CSHA you must use a CSHA Membership application form only. CSHA Membership year is January 1 through December 31 of the current year.
Type of membership: (Circle) Family, Senior or Club Name of CSHA Club you belong to: _____

Horse's Name: _____ Age: _____ Color: _____
Sex of Horse: [ ] Stallion [ ] Gelding [ ] Mare
Please CHECK any of the following categories/divisions in which you wish to compete. **Submit $10.00 per checked box** **REGION #:** _____

HALTER [ ] Junior Halter Horse (5 years & under) [ ] Senior Halter Horse (6 years & Over) [ ] Open Horse

IN HAND [ ] Horse 2 years and under Lounge Line [ ] Horse 2 years and under Trail

REINING [ ] Junior (17 & Under) [ ] Senior (18 & Over) [ ] Open

WESTERN [ ] Lead line [ ] 10 & Under W/J [ ] 13 & under Lope [ ] 14-17 Lope [ ] 18-34 Lope [ ] 35 & Over Lope [ ] Open Lope

WESTERN WALK/JOG [ ] 13 & under W/J [ ] 14-17 W/J [ ] 18-34 W/J [ ] 35 & Over W/J [ ] Open W/J

TRAIL (Western) [ ] 10 & Under W/J/T [ ] 17 & Under - Lope [ ] Senior (18 & Over) - Lope [ ] Open - Lope
[ ] 17 & Under W/J/T [ ] Senior (18 & Over) W/J/T [ ] Open W/J/T

ENGLISH FLAT [ ] Lead line [ ] 10 & Under W/T [ ] 13 & under Canter [ ] 14-17 Canter [ ] 18-34 Canter [ ] 35 & Over Canter [ ] Open Canter
ENGLISH WALK/TROT [ ] 11 - 17 [ ] 18 & Over [ ] Open

ENGLISH OVER FENCES [ ] 10 & Under W/T [ ] 13 & Under [ ] 14-17 [ ] 18-34 [ ] 35 & Over [ ] Open [ ]

Total Divisions _____ X $10 = _____ + $5.00 (State Admin. Fee) = _____ Check/MO #_____ (please do not send cash)

RELEASE OF LIABILITY

Everyone, including but not limited to owners, riders, handlers, drivers, trainers, lessees, lessors, parents and coaches, must recognize the inherent danger of participating in this program and accept fully all responsibility for themselves and/or their children, their animals and any other person associated with them. In so doing, each participant releases California State Horsemen's Association (hereinafter "CSHA") and Show of Champions ("SOC"), its officers, show committee, employees, contractors, volunteers, from any and all liability for any injury or loss suffered during or in connection with this program, whether or not such claim, injury or loss resulted directly or indirectly from the negligent acts or omissions of said CSHA and SOC, their officials, agents, directors, employees, its officers, CSHA State High Point Program Chairperson, SOC Show Management, contractors, volunteers.

_____ _____
Rider/ Handler Signature Date

_____ _____
Parent/Guardian Signature (if contestant is under 18) Date

_____ _____
Horse Owner Signature (if different from Rider/Handler or Parent/Guardian) Date

*****REGION CHAIRPERSON / CONTACT INFORMATION / FORM APPROVAL AND SIGNATURE**** (will not be processed without this information)**

NAME: _____ TELEPHONE_____

ADDRESS: _____ FAX: _____

EMAIL: _____ REGION CHAIR SIGNATURE: _____

STATE OFFICE USE

Postmarked_____Date Received_____ Check #_____ Check amt_____ Entered in QB_____

GL Acct#_____ Received from State Chair or Region Chair (circle) Membership verification_____M#_____

Entered in Program Roster_____ if sent by individual-Date State Office mailed or faxed to State/Region Chair_____
Comments_____

(Amatuer Contestants Must Submit a Copy of a Qualified Amateur Card to Participate) Rev. 11-16-10