



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

PLEASE RETURN TO: CSHA STATE ENGLISH WESTERN CHAIR: MARY BYERS 211 HELEN AVE., MODESTO, CA 95354

(Note: One Horse & Rider/Handler Combination Per Form)

Rider/Handler's Name: _____ Birthday: _____

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, Junior or Club CSHA Club Affiliation: _____

Horse's Name: _____ Age: _____ Color: _____

Sex of Horse: [] Stallion [] Gelding [] Mare **Region #:** _____

Please check any of the following categories/divisions in which you wish to compete.

Submit \$5 per box checked

HALTER Junior Halter Horse (5 years and Under)
 [] Junior Handler [] Adult Amateur Handler¹
 Senior Halter Horse (6 years and Over)
 [] Junior Handler [] Adult Amateur Handler¹
 Open Horse (any age horse)
 [] Junior, Amateur or Open Handler

REINING [] Junior [] Senior¹ [] Open

WESTERN [] Leadline [] 10 & Under W/J [] 13 & Under [] 14 - 17 [] 18 - 34¹ [] 35 & Over¹ [] Open

ENGLISH FLAT [] Leadline [] 10 & Under W/T [] 13 & Under [] 14 - 17 [] 18 - 34¹ [] 35 & Over¹ [] Open

**(Leadline may enter only English Flat. All other age breaks may enter ONLY English Flat OR only English All-Around, NOT BOTH)
You may register one rider/horse combination in E/flat and a different rider/horse combination in E/All Around.**

ENGLISH ALL-AROUND [] 13 & Under [] 14 - 17 [] 18 - 34¹ [] 35 & Over¹ [] Open

Total Registration Fees Submitted: _____ Check # _____ (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

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ FAX: _____
 EMAIL: _____

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 Chair _____
 Comments _____

¹Amatuer Contestants Must Submit a Copy of a Qualified Amateur Card to Participate)