



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.

STOCK COMPETITION PARTICIPATION 2008

NAME \_\_\_\_\_ AGE (if junior) \_\_\_\_\_

SIGNATURE (OR OF LEGAL GUARDIAN IF JUNIOR) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE, FAX, EMAIL \_\_\_\_\_

Who to contact in emergency \_\_\_\_\_

**CSHA membership is REQUIRED** either as a CSHA direct member or as a member of a CSHA club. Use **CSHA MEMBERSHIP APPLICATION form only, to join CSHA or RENEW your CSHA Membership.**

Direct membership: (Please circle) Family, Senior, Junior, Life Club Membership:

Club Name \_\_\_\_\_

REGION \_\_\_\_\_ ANNUAL PROGRAM FEE (STATE) \$10.00..... \_\_\_\_\_

TEAM PENNING..... \_\_\_\_\_

PARTNER..... \_\_\_\_\_

TEAM ROPING..... \_\_\_\_\_

HEADER..... \_\_\_\_\_

HEELER..... \_\_\_\_\_

CUTTING..... \_\_\_\_\_

DIVISION..... \_\_\_\_\_

NAME OF HORSE... \_\_\_\_\_

OWNED BY: \_\_\_\_\_

SORTING..... \_\_\_\_\_

DRAFTING..... \_\_\_\_\_

Liability release signed: \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_ Check or Money Order # \_\_\_\_\_ **OR** Paid Cash \_\_\_\_\_

Accepted by: \_\_\_\_\_ date: \_\_\_\_\_

**Office Use Only:** Received \_\_\_\_\_ Chk# \_\_\_\_\_ Amount \$ \_\_\_\_\_

GL Acct \_\_\_\_\_ Entered in QB \_\_\_\_\_

Membership Verified \_\_\_\_\_ Member # \_\_\_\_\_ Comments \_\_\_\_\_

Entered in Program Roster \_\_\_\_\_ Mailed to State Stock Competition Chair \_\_\_\_\_ Revised 8/6/07