



CALIFORNIA STATE HORSEMEN'S ASSOCIATION INCORPORATED  
PERSONAL REFERENCE LIST

DRILL TEAM \_\_\_ ENGLISH \_\_\_ GYMKHANA \_\_\_  
PARADE \_\_\_ TRAIL TRIALS \_\_\_ WESTERN \_\_\_

**Applicant** \_\_\_\_\_

List individuals to whom you want a personal reference form sent.

- \* Please print or type all information.
- \* Email and fax addresses are optional.
- \* Four references are required, however, if applying for multiple disciplines, the same references may be used for all disciplines.

Name \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

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**COMMISSION USE**

Date forms mailed to references: \_\_\_ / \_\_\_ / \_\_\_

Date reply received: 1 \_\_\_ / \_\_\_ / \_\_\_ 2 \_\_\_ / \_\_\_ / \_\_\_ 3 \_\_\_ / \_\_\_ / \_\_\_ 4 \_\_\_ / \_\_\_ / \_\_\_