



CSHA REGION 3 OBSTACLE CHALLENGE PROGRAM HIGH POINT REGISTRATION FORM



RIDER'S NAME _____ AGE (if under 18) _____

HORSE'S NAME _____ COLOR _____ Gender _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE (_____) _____

(Please write legibly...phone numbers and emails are difficult to interpret sometimes!)

Category (Circle one): Youth (17 & Under) ~ Novice ~ Intermediate ~ Advanced ~ Assisted Rider

FEE PAID _____ (\$20 per horse/rider combination) Make check payable to: CSHA Region 3

MAIL FORM TO: Val Vagg, 6618 Wisconsin Ave., Arbuckle, CA 95912

I understand I must be an individual or family member of the California State Horsemen's Association or a member of a CSHA Club to compete in the Region 3 Obstacle Challenge High Point Program.

_____ Direct member of CSHA in good standing (please choose one)

_____ Senior _____ Family _____ Life

_____ Club member in good standings, Name of Club: _____

I understand acceptance into this program is contingent upon verification of my CSHA membership. I/we further understand shows attended prior to the effective date of membership and registration will not count.

RIDER'S SIGNATURE _____ Date: _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

Questions Contact: Val Vagg: Home: 530-476-2800 Cell: 916-812-4587 valvagg@yahoo.com

Received by (Event Official) _____ Date of Registration _____

Membership Verified by: _____ Date Verified _____

Total Paid by Check# _____ CASH _____