



**CSHA REGION 3
ENGLISH/WESTERN HIGH POINT PROGRAM
2019 EXHIBITOR ENROLLMENT FORM**

Horse & Rider/Handler Information (one horse & rider/handler combination per form):

Name _____ Birth Date _____ Age (as of 1/1/19) _____
 Address _____ City _____ Zip _____
 Phone _____ Email _____
 Type of CSHA Membership _____ or CSHA Club: _____
 Amateur Card Issued by _____ Card # _____
 Horse Name _____ Horse Age (as of 1/1/19) _____ Breed _____
 Mare _____ Gelding _____ Stallion _____ Horse Owner _____

Division/Category Entry:

These Divisions and Categories are required for State Championship Show qualification. Check boxes that apply.

Category	Division						
Halter	<input type="checkbox"/> Junior Horse (5 & under)		<input type="checkbox"/> Senior Horse (6 & over)		<input type="checkbox"/> Open		
Western	<input type="checkbox"/> Leadline 8 & under	<input type="checkbox"/> Walk/Jog 10 & under	<input type="checkbox"/> 13 & under	<input type="checkbox"/> 14-17	<input type="checkbox"/> 18-34/AA	<input type="checkbox"/> 35 & over/AA	<input type="checkbox"/> Open
English	<input type="checkbox"/> Leadline 8 & under	<input type="checkbox"/> Walk/Jog 10 & under	<input type="checkbox"/> 13 & under	<input type="checkbox"/> 14-17	<input type="checkbox"/> 18-34/AA	<input type="checkbox"/> 35 & over/AA	<input type="checkbox"/> Open
Reining	<input type="checkbox"/> 17 & under	<input type="checkbox"/> 18 & over/AA		<input type="checkbox"/> Open			
Ranch Horse	<input type="checkbox"/> 17 & under	<input type="checkbox"/> 18 & over/AA		<input type="checkbox"/> Open			

These Divisions and Categories do not qualify for State Championship Show. Region 3 High Point Awards only.

Walk Only 10 & under Trail (all ages, includes open) Showmanship (all ages, includes open)
 English Over Fences: _____ 17 & Under _____ 18 & Over/AA _____ Open

Fees:

CSHA State E/W Program Fee _____ \$25.00
 Region 3 E/W Program Fee _____ \$25.00
 Total Divisions Checked Above _____ x \$25.00 = _____

Total Fees Submitted _____ *Make checks payable to CSHA Region 3*

Certifications:

I certify that all of the information included on this form is true and accurate and that any falsification of information will result in my immediate disqualification from this program and forfeiture of any prizes or awards received as a result of the falsification. I have read and agree to the rules as set forth in the CSHA Region 3 English/Western Program Packet. I understand that no points will be recorded on my behalf until this form and fees have been received by the chair of the Region 3 English/Western program.

I understand that sponsorship payments must be received by CSHA Region 3 English/Western program chair or CSHA Region 3 Treasurer no later than September 20, 2019 to be eligible to receive year-end awards.

 Rider/Handler Signature

 Date

 Parent/Guardian Signature (if rider/handler is under 18)

 Parent/Guardian Printed Name

 Date

CSHA REGION 3 ENGLISH/WESTERN CHAIR:

Susie Lopez, P.O. Box 8847, Woodland, CA 95776, (530) 400-2830, susielopez@sbcglobal.net