

# CSHA Region 3 Trail Trials Program Registration 2017



California State Horsemen's Association

Date \_\_\_\_\_ (CSHA membership required, ride credit not given prior to this date)

Enrollment for the Region program consists of one horse, one rider combination. The same horse and the same rider every time is your team. A team must compete at three (3) sanctioned Trail Trials in the same category and division and be a member of the Region Trail Trials Program to qualify for the State Championship Event. Program members must be members of CSHA at time of point/credit accrual, no retroactive points/credit. You must also work at least one trail trial event to be eligible to enter the State Championship Event (Trail Trials Rule 9.4.3) as verified by your Region Chair. For Region 3 High Point Award you must work two Region 3 events.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_

Circle One: Mare    Gelding    Stallion    Color \_\_\_\_\_

There are three categories based on your team's capabilities circle one:

**Novice:** Horse or rider is not experienced or not comfortable with advanced trails or obstacles.

**Intermediate:** Team completes approximately 50% of obstacles novice and 50% advanced.

**Advanced:** Horse and rider are comfortable with advanced trails and advanced obstacles.

Rider Age Division circle one:    17 & under    18-49    50-59    60 and over  
(your age as January 1 of the current ride year, 1-1-17)

Region Program Fee:    \$ 20.00 (Region award requirement or Fee may differ from State requirement)

You must ride a minimum of three rides and fulfill your one event work obligation. Trail trial ride year is from the third weekend in September through the second weekend in September the following year.

I am a:     Direct CSHA Member     Member of CSHA Club named \_\_\_\_\_

Submit check and form to:    CSHA Region \_\_\_\_ Trail Trails  
(Chair name and address here)

This section for Chair Use Only:

Region Chair Name and Membership Verification Date: \_\_\_\_\_

Mail copy to (no ride status credit given until received): Diane Medlock, 41929 County Road 27, Woodland, CA 95776