

**CSHA REGION 6  
GYMKHANA PROGRAM REGISTRATION**

RIDERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

\*Date of birth is ONLY required for a rider who is 17 years of age or younger

HORSE'S NAME \_\_\_\_\_ Stallion \_\_\_ Mare \_\_\_ Gelding \_\_\_

**REGISTRATION FEE (REGISTRATION FEE MUST ACCOMPANY REGISTRATION FORM)**

\$ 25.00 for each Horse/Rider registration fee \$ \_\_\_\_\_

\$ 20.00 sponsorship fee (pay by 7/1) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**PLEASE READ CAREFULLY**

TO REGISTER YOU MUST BE AN INDIVIDUAL MEMBER OF CSHA OR A MEMBER OF A CSHA CLUB. IF YOU ARE NEITHER YOU MUST SUBMIT AN APPLICATION AND THE DUES FOR CSHA MEMBERSHIP ALONG WITH THIS FORM.

I CERTIFY I AM A MEMBER IN CSHA AND/OR A CSHA MEMBER CLUB. I UNDERSTAND MY ACCEPTANCE INTO THIS PROGRAM IS CONTINGENT UPON VERIFICATION OF MY MEMBERSHIP

LIFE MEMBER \_\_\_\_\_  
SENIOR MEMBER \_\_\_\_\_  
JUNIOR MEMBER \_\_\_\_\_  
FAMILY MEMBER \_\_\_\_\_

CLUB MEMBER: \_\_\_\_\_  
CLUB NAME: \_\_\_\_\_

RIDER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FOR RIDER'S UNDER 18 YEARS OF AGE)

.....  
**MAKE CHECK PAYABLE TO : CSHA REGION 6**  
**MAIL TO : Rhonda Heiner 1952 Alpet Dr Morgan Hill, CA 95037-9711**  
**FOR MORE INFORMATION CALL : Rhonda Heiner 408-540-4668 or Darlene Drace 408-201-4319**  
.....

**FOR USE BY REGION GYMKHANA CHAIRMAN ONLY**

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT RECEIVED \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

DATE MEMBERSHIP VERIFIED \_\_\_\_/\_\_\_\_/\_\_\_\_ VERIFIED BY \_\_\_\_\_

DATE COPY MAILED TO STATE GYMKHANA CHAIRMAN \_\_\_\_/\_\_\_\_/\_\_\_\_