



HOWARD COUNTY HORSE SHOWS ASSOCIATION 2019 Annual Registration Form

Every person who participates in a Howard County Horse Shows Association show is responsible for knowledge of and is subject to the Association rules. Exhibitors will better enjoy the show by knowing them. A current copy of the "Rules and Regulations" is available to all members, and members are entitled to participate in the Annual Open Meeting and Year End Awards Banquet. All riders and Horses/Ponies must be registered with the Association annually for points to count in all Divisions, including all Equitation Classes and HCHSA Medal Classes. No points will accumulate toward any High Score Award before the horse or pony is registered with the Association, the rider is a member and all fees are paid. No points will be retroactive.

Members

\$45 Junior

Jr. Date of Birth _____

\$45 Senior

Name _____ Trainer _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Email (parent email for Jr. Members) _____

Horse/Pony

Horse/Pony Registration- \$20 fee for each horse/pony

Show Name	Sex	Color	Age	Height	Pony Size (S/M/L)	HCHSA Only

Total Horse/Pony fees _____ (\$20 each)

**Before entering a class, ponies must have a current measurement card on file with HCHSA from a recognized association (HCHSA, MHSA, USEF) to be eligible for points.*

The name of horse/pony entered at the shows must appear exactly as registered below for points to count. There is a \$10 fee for a horse/pony name change during the show season.

I hereby agree to abide by the rules and regulations of the HCHSA.

Signature _____
Parent or Guardian if under 18 years old

Date _____

All member information and a current copy of the rulebook are available on our website (www.HCHSA.net). If you would like to have a hard copy of the rulebook mailed to you, please check this box.

Total Fees _____

Return Application and Remittance to

Howard County Horse Shows Association
c/o Nicole Burger
7490 Sea Change
Columbia, MD 21045
(301)943-0373
HCHSAMembership@gmail.com

HCHSA Use Only

Payment Received _____

Cash/Check No _____

Member # _____