

**CSHA REGION 4
TRAIL TRIAL Program
Year-end Awards Registration**

Name: _____ **Phone:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

How are you a CSHA member (circle one) senior family life club (IF CLUB WHO)

Birthdate (MM/DD/YYYY): _____

E-Mail: _____

Horse's Name: _____ **Breed:** _____

Color and Description: _____

Mare

Gelding

Stallion

Competition Category: (see CSHA rule book for full definitions)

Novice (team can do elementary skills)

Intermediate (team is ready for more challenging obstacles)

Advanced (team can accomplish demanding and challenging environment and obstacles)

Age Group: 17 and under 18 to 49 50 to 59 60 and over

Region 4 High Point Program Fee \$15.00

Please make checks payable to: CSHA Region 4

Mail to: Trish Clark 7 Yermo lane Yerington, NV 89447

Signature: _____ **Date:** _____

If Junior,
Parent or Guardian Signature: _____ **Date:** _____