

**CSHA Region ONE  
Trail Trial Program  
Year-End Awards**

Ride Year \_\_\_\_\_

Rider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

CSHA Membership: Life ( ) Individual ( ) Club ( )

Name of Club \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Note: if enrolled as a club member, the club must be a current member of CSHA and your name must appear on the club's roster at the CSHA State Office.

Horse/mule's Name: \_\_\_\_\_ Current Age \_\_\_\_\_

Color and Description \_\_\_\_\_

Mare ( ) Gelding ( ) Stallion ( )

Competition Category (see CSHA rule book for full definition (trailtrials.com))

**Novice: ( ) Team can do elementary skills on mostly undemanding terrain.**

**Intermediate ( ) Team can accomplish most skills, ready for more challenging obstacles.**

**Advanced ( ) Team can accomplish combined skills on demanding terrain in a challenging environment.**

**AGE GROUP ( ) 17 and under ( ) 18-49 ( ) 50+**

Enrollment Fee:

Please read the attached information regarding qualifications for year-end awards, and retain for your records.

SIGN THIS FORM and return it with your \$25 per team (1horse/rider)

MAKE CHECKS PAYABLE TO: CSHA Region 1

**Return application with your check to:**

**Region one Trail Trial- Year End Awards, c/o Claudia Stevens 6307 Wild Horse Vy Rd Napa Ca 94558**

I have read the criteria for the CSHA Region One Trail Trial Year-End Awards.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Junior, parent or guardian must sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_