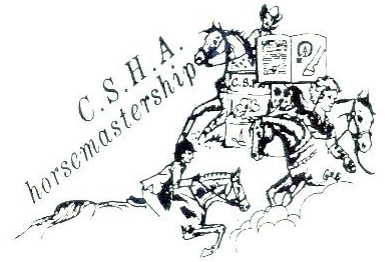




CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INC.
HORSEMASTERSHIP PROGRAM APPLICATION



I wish to participate in Region 1 Horsemastership Program for the year 2010 .

Name: _____

Mailing Address: _____

Phone: () _____ e-mail: _____

I will compete as a:

JUNIOR (I am age 17 or younger as of Dec. 1, 20____) My birth date is: _____

Senior (ages 18 and over as of Dec. 1, 20____)

I have preciously competed in the CSHA Horsemastership program.

I will be competing in another CSHA Program in 20____.

Please indicate which program(s). _____

I will compete in:

Western Gymkhana English I (jumper)

English II (flat) Combined English /Western

I am a member of CSHA By:

Individual or Family Membership

Club Membership (Name of Club, _____)

I am not a member (or) I don't know if I am currently a member.

Please return compteted form to CSHA Region 1 Horsemastership Chairman.

Region Chairman: Elizabeth Tapia

Address: 43 Andreas Circle, Novato, CA 94947

Phone: 415/328-9543 E-Mail : ectapia1@comcast.net