

CSHA ROYALTY PROGRAM REGION 1

Official Entry Form

ROYALTY PARTICIPANT INFO:

Name: _____ Birth Date ___/___/___ age as of 12/1/09_____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Phone: (H) _____ (C) _____

Email: _____ MySpace _____

ROYALTY CONTEST ENTERED(check only one)

Little Miss CSHA (girls 7-10) Little CSHA Ambassador (boys 7-10)

Jr. Miss CSHA (girls 11-13) Jr. CSHA Ambassador (boys 11-13)

Miss CSHA (girls 14-17) CSHA Ambassador (boys 14-17)

I agree to follow the rules of the CSHA Royalty program as set forth in the CSHA Bylaws and Rulebook and any subsequent rule changes. I understand that I am responsible for returning any perpetual awards I may win in near or the same condition as I received them. I further agree to pay for any lost or damaged perpetual awards that I was responsible for. I understand by winning the regional program that I am required to attend and compete at the Show of Champions, Royalty competition*. I understand I may be asked to help with fundraising activities at both the region and state levels to help pay for administration of the Royalty program.

If a contestant moves, quits or fails to show-up for the competition, the \$30 entry fee will automatically forfeit to the CSHA Region Royalty program to offset the cost of program expenses. This fee will be refunded at the direction of the Region Royalty chairperson with a valid doctor's or veterinarian's certificate that states the contestant or horse is unable to complete the phases of competition due to health reasons.

As a contestant in the CSHA Region Royalty program, I do hereby state that I have read, understand and agree with the above paragraphs.

Contestant's Printed Name

Signature

Date

Parent/Guardian info:

I, the legal parent/guardian of the above named minor, do also agree with the preceding paragraphs. I also agree to insure my minor child is properly chaperoned during the Royalty completion and at events that my child may be invited to attend as a member of the CSHA Royalty.

As the parent/guardian of the above named minor, I also hereby state that I have read, understand and agree with the preceding paragraphs.

Parent/Guardian's printed name

Signature

Date

Phone (H) _____ (C) _____ Email: _____

Please mail this form with a \$30 check payable to CSHA Region 1 to:

Region 1 Royalty:

Denise Finley

2180 Olivet Road
Santa Rosa, CA 95401
(707)481-9836
nobucksranch@aol.com

***Exception:** Littles are not required to attend the State Finals competition if they choose not to. Please see CSHA rulebook for more information.