

**CSHA**  
**Region One TRAP PROGRAM**

**Registration**  
**Ride Year: 2010**  
(Please print clearly)

Rider name \_\_\_\_\_

Horse(s) name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

**Please circle:**

Direct member of CSHA

Club Member (indicate name of club)

**Please circle:**

Competitive Trail Rider  
(endurance, trail trials etc.)

Non-Competitive Trail Rider

**Rider Profile:** ( Tell a little bit about yourself, i.e. what type of riding do you do?, how often you ride on the trail?, do you mostly ride alone, with friends?, how long you have been riding?, anything else you feel is important for others to know about you as a trail ride?)

---

---

---

---

---

---

---

---

Favorite Trails in California (or elsewhere)

---

---

I have read and understand the guidelines for participating in the Region One TRAP year-end Awards program. I have signed below and have enclosed an annual registration fee of \$15. Please send registration form and a check made out to **CSHA Region One** to: Lori Cleveland, 4668 Sullivan Way, Santa Rosa, CA 95409 Attn. TRAP

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

**Requirements for Region One Year End TRAP Program**

1. I am a member in good standing of CSHA.
2. I am a member of the TRAP program at the state level.
3. I have attached a registration fee of \$15 to become a member of the CSHA Region One Year End TRAP Program.
4. I understand being a participant of the Region One Year End Award program for TRAP is voluntary, and will not affect my trail hour awards at the state level.
5. I understand that I am competing for a year end award based on the # of trail hours I complete. All awards are based on trail hour milestones in 100 hour increments, i.e. 100 hours, 200 hours, 300 hours, etc. Awards given at each level will be the same for each rider who attains that level of trail hours. Each participant will receive one award based on the highest number of trail hours completed.
5. I understand that the minimum number of trail hours per ride year to be eligible for an award is 100 hours.
6. I understand that I am required to participate in one fundraising event per ride year in order to be eligible for a year end award. All monies received from fund raising events will be used to purchase year end awards.
7. Region One TRAP calendar runs from **10/1 – 9/30** of each calendar year. Ride hours for current year end awards will be counted during that time only.
8. I understand that it is my responsibility to record my trail hours and send ride logs to the state chair on a timely basis.
8. All trail logs must be received by **Oct. 15** by the **state chairperson** each year in order to count towards the current year's awards.

Please feel free to email me with any questions:  
loricleveland77@yahoo.com

-----  
Rider Name \_\_\_\_\_(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please detach and return the bottom of this form and send it along with the registration form, registration fee and check made out to **CSHA Region One** to: Lori Cleveland, 4668 Sullivan Way, Santa Rosa, CA 95409