

PLEASE CHECK MEMBERSHIP TYPE AND PRINT CLEARLY

SIERRA NEVADA HORSE SHOW ASSOCIATION

P.O. BOX 19322 * RENO, NV 89511 * www.snhsa.org * (775) 220-2270

It's Free! Go here to learn more:

2023 MEMBERSHIP APPLICATION

All horses/ponies and riders must be registered with SNHSA **PRIOR TO exhibiting** in a SNHSA-sanctioned competition to accumulate year-end award points.

Don't forget to join the USHJA Outreach Competition Program!

	https://www.ushja.org/competition/outreach
NAME	PHONE (w/area code)
ADDRESS	CITY ZIP
RAINER'S NAME:	CITY/LOCATION:
Horse Show Association, their employees, agents or representatives, particle occur to me, my horses, family, friends, or personal belongings while at or video me at shows/events and use any photo/video taken at SNHSA media, flyers, compilations or the SNHSA.org website.	ors and administrators, agree to waive, release and hold harmless Sierra Neva hid or unpaid, from any accident, death, injury, damage, or theft that might any SNHSA activity or sponsored event. I grant SNHSA the right to photograp events without payment or remuneration for use in newsletters, displays, soo
Signature of Rider, Parent or Guardian if rider under 18 years of age:	Date:
E-mail addresses are required to receive e-newsletters, calendar PLEASE PRINT CLEARLY at least one e-mail address. EMAIL ADDRESS 1: EMAIL ADDRESS 2:	
*Junior Riders must provide birthdate.	BIRTH DATE and YEAR:///
СОМ	PETITION MEMBERSHIP \$35 = \$
HORSE/PONY R	EGISTRATION x \$15 = \$
	ayable to SNHSA) TOTAL DUE \$
(Please make checks p Horses/ponies must be exhibited under the EXACT SHOW No different or additional horse/pony during the show season or if	
(Please make checks p Horses/ponies must be exhibited under the EXACT SHOW NA different or additional horse/pony during the show season or if horse/pony at the first show your horse/pony attends. Unregi	ayable to SNHSA) TOTAL DUE \$ AME listed below in order to accumulate points. If you begin showing your change your horse/pony's show nameMAKE SURE YOU REGISTER stered horses/ponies in Hunter or Jumper divisions will not accumulate to the stered horses of the
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For SNHSA Office Use: Amt. Rec'd _____ Cash ____ Ck # ____ Date Rec'd _____