

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:

2024 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!

*Junior Amateur Professional https://www.ushja.org/com			rg/competition/outreach
NAME	PI	HONE (w/area code)	
ADDRESS		CITY	ZIP
RAINER'S NAME:		CITY/LOCATION:	
Horse Show Association, their employed occur to me, my horses, family, friends,	es, agents or representatives, pai or personal belongings while at a ny photo/video taken at SNHSA e	d or unpaid, from any accident, death, any SNHSA activity or sponsored event. vents without payment or remuneratio	• • •
Signature of Rider, Parent or Guardian i	f rider under 18 years of age:		Date:
E-mail addresses are <u>required</u> to re PLEASE PRINT CLEARLY at least one e-n		r and prize list updates and corresp	oondence.
EMAIL ADDRESS 1:			
EMAIL ADDRESS 2:			
*Junior Riders must provide l	birthdate.	BIRTH DATE and YEA	AR:/
	СОМР	ETITION MEMBERSHIP \$35 =	\$
	HORSE/PONY RE	GISTRATION x \$15 =	\$
	(Please make checks pa	yable to SNHSA) TOTAL DUE	\$
different or additional horse/pony	during the show season or if y	ou change your horse/pony's show	nulate points. If you begin showing nameMAKE SURE YOU REGISTER th Jumper divisions will not accumula
HORSE/PONY'S BARN NAME (w	hat do you call them every	day?)	
SHOW NAME OF HORSE/PONY		RIDER NAME	:
HORSE OR PONY?	BREED	COLC	DR
HORSE/PONY OWNER			
HORSE/PONY'S BARN NAME (w	hat do you call them every	day?)	
SHOW NAME OF HORSE/PONY		RIDER NAME	·
			DR
HORSE/PONY OWNER			
		Zelle, PayPal Date Rec'd	Initials