SIERRA NEVADA HORSE SHOW ASSOCIATION
P.O. BOX 19322 * RENO, NV 89511 * www.snhsa.org * (775) 220-2270

2025 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.

PLEASE CHECK MEMBERSHIP TYPE AND PRINT CLEARLY

> Don't forget to join the USHJA Outreach Competition Program! It's Free! Go here to learn more:
> **https://www.ushja.org/competition/outreach**

*Junior ❑   **Amateur** ❑   **Professional** ❑

NAME_____PHONE (w/area code) _____

ADDRESS _____CITY _____ ZIP _____

TRAINER'S NAME: _____CITY/LOCATION: _____

Liability Release

As a condition of membership, I do hereby for myself, my heirs, executors and administrators, agree to waive, release and hold harmless Sierra Nevada Horse Show Association, their employees, agents or representatives, paid or unpaid, from any accident, death, injury, damage, or theft that might occur to me, my horses, family, friends, or personal belongings while at any SNHSA activity or sponsored event. I grant SNHSA the right to photograph or video me at shows/events and use any photo/video taken at SNHSA events without payment or remuneration for use in newsletters, displays, social media, flyers, compilations, the SNHSA.org website, and hired event photographer media or websites. Permission is also granted to Board members to have access to member contact information for organizational administration purposes.

Signature of Rider, Parent or Guardian if rider under 18 years of age: _____ Date: _____

E-mail addresses are required to receive e-newsletters, calendar and prize list updates and correspondence.
PLEASE PRINT CLEARLY at least one e-mail address.

EMAIL ADDRESS 1: _____

EMAIL ADDRESS 2: _____

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*Junior Riders must provide birthdate for Jr/Am administration.   BIRTH DATE and YEAR: _____/ _____/ _____

Rider's current USHJA #
_____

OR USHJA Outreach #
_____

COMPETITION MEMBERSHIP $35 = $ _____

HORSE/PONY REGISTRATION _____ x $15 = $ _____

(Please make checks payable to SNHSA) **TOTAL DUE $** _____

Horses/ponies must be exhibited under the EXACT SHOW NAME listed below in order to accumulate points. If you begin showing a different or additional horse/pony during the show season or if you change your horse/pony's show name--MAKE SURE YOU REGISTER the horse/pony at the first show your horse/pony attends. Unregistered horses/ponies in **Hunter or Jumper divisions** will not accumulate points for year-end awards.

HORSE/PONY'S BARN NAME (what do you call them every day?) _____

SHOW NAME OF HORSE/PONY _____ BIRTH DATE: _____

HORSE OR PONY?_____BREED _____GENDER: _____

COLOR _____ HEIGHT IN HANDS: _____HORSE/PONY OWNER _____

HORSE/PONY'S BARN NAME (what do you call them every day?) _____

SHOW NAME OF HORSE/PONY _____ BIRTH DATE: _____

HORSE OR PONY?_____BREED _____GENDER: _____

COLOR _____ HEIGHT IN HANDS: _____ HORSE/PONY OWNER _____

For SNHSA Office Use: Amt. Rec'd _____ Cash _____ Ck # _____ Zelle, PayPal Date Rec'd _____ Initials _____