



## CSHA REGION

# 5

### ENGLISH/WESTERN HIGH POINT PROGRAM PROGRAM FORMS CHECKLIST

Items 1-2 are State Forms ~ checks made payable to CSHA.

Item 3 is a Region Form ~ checks made payable to CSHA Region 5.

Mail all forms to: CSHA Region 5 EW Program 1512 Plymouth Ln Antioch, CA 94509

- 1) **STATE MEMBERSHIP FORM:**  
New/Renewal Membership Application form completed with appropriate membership fees. A separate check is attached and made payable to CSHA. You can also make application online and pay by PayPal on the CSHA website. Complete this process if you are not a current member of CSHA.
- 2) **STATE AMATEURCARD FORM:**  
Amateur Card Application completed with \$20. A separate check is attached and made payable to CSHA. This **form is required if you are 18 years of age and older, of Amateur status and need an Amateur card from CSHA.** If you have a current Amateur card from another organization, please attach a copy to your Region 5 enrollment form.
- 3) **REGION 5 ENROLLMENT FORM:**  
Region 5 English Western High Point Program enrollment form completed. Fees are \$25 for State registration, \$25 for Region registration, and \$22 per age division. Make a check, with all appropriate fees, payable to CSHA Region 5. This form is required to compete in the CSHA Region 5 EW High Point Program and to qualify for the state championship show.
- 4) **REGION 5 VOLUNTEER HOURS:**  
Complete 4 hours of work during the show season, OR submit \$50 Buy-Out for those hours. If you are making the buy-out, indicate on the enrollment form. Separate check not necessary if buyout is made at the time of enrollment.
- 5) **RELEASE OF LIABILITY FORM:**  
This form is required of all participants. Turn in completed and signed Release of Liability form along with the enrollment application form.
- 6) **REGION5 POINTS FORM:**  
Turn in Point sheets within 5 days of a show to the Region 5 EW Chair. Attend a minimum of three (3) CSHA approved horse shows to be eligible to compete at the state championship show and to be eligible for the Region High Point year-end awards.



**California State Horsemen's Association, Incorporated**

1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

Phone: 209-227-7110

[ ] **NEW** if joining CSHA for the **FIRST** time your membership includes: CSHA decal

[ ] **RENEWAL Membership #** \_\_\_\_\_

[ ] **REINSTATEMENT Renewal if postmarked after January 31 – include additional \$10.00\***

Memberships valid January 1st to December 31st

Year of 20 \_\_\_\_\_

<b>Name</b>		<b>Spouse</b>	
<b>Children</b>			
<b>Address</b>			
<b>Apt. or Unit #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone #</b>	<b>Fax #</b>	<b>Region #</b>	
<b>Email</b>		<b>County</b>	
<b>Check here if out of state member</b>		<b>Check here if legal transfer to Region</b>	

<b>MEMBERSHIP TYPES</b>		
<b>Senior (18 years old &amp; over)</b>	\$	<b>35.00</b>
<b>Family</b>	\$	<b>40.00</b>
<b>Commercial</b>	\$	<b>50.00</b>
<b>Commercial; Web-site Link</b>	\$	<b>250.00</b>
<b>Reinstatement Fee (see above)</b>	\$	<b>10.00</b>

<b>Optional Items</b>		
Bylaws/Rule Book	\$	40.00
Bylaws/Rulebook CD	\$	5.00
Horsemen's Handbook	\$	15.00
West Coast Horse Show Rulebook	\$	10.00
C.S.H.A. Flag	\$	204.50
C.S.H.A. Shoulder Patch	\$	2.50
C.S.H.A. 3 1/2 " Window Decal	\$	2.50
C.S.H.A. 3 1/2 " Decal	\$	2.50
C.S.H.A. 9" Trailer Decal	\$	6.00
C.S.H.A. Lapel Pin	\$	8.00
C.S.H.A. Bumper Sticker	\$	1.00
Donation to C.S.H.A.		
Shipping & Handling included		
Prices subject to change		

<b>CHARITABLE TRUST DONATIONS</b>		
<i>Please make a separate check to: "CSHA Charitable Trust"</i>		
<b>Horsemastership Scholarship</b>	\$	
Junior	\$	
Senior	\$	
<b>Show of Champions Scholarships</b>	\$	
English	\$	
Western	\$	
Gymkhana		
<b>Royalty Scholarships</b>	\$	
<b>UC Davis Veterinary Scholarships</b>	\$	
<b>Equine Medical Research Fund</b>	\$	
<b>Other – Please indicate below</b>	\$	

CSHA is a 501 (c) (3) non-profit organization  
 Donations to CSHA may be tax deductible in full or in part.

<b>Membership Dues</b>	\$
<b>Optional Items</b>	\$
<b>Re-Instatement Fee \$10.00</b>	\$
<b>Total Due to C.S.H.A.</b>	\$

The Trust is a 501 (c) (3) non-profit organization  
 Donations to the Trust are tax deductible

**Charitable Trust TOTAL**      \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Application will be signed by Adults 18 years/over

Youth members must join as a Family Membership

<b>Office/Officer/Chairman Use Only</b>		
<b>Region</b>	<b>Officer/Chairman signature</b>	<b>Date</b>
Office Received	Postmark	
Check #	Deposit date	QB
Member #	Member Packet/Order	Scanned



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED
Amateur Card Application

MAIL WITH PAYMENT OF \$20 TO: CSHA, 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

Applicant must provide references from three individuals who can personally attest to applicant's qualification as an amateur based on the definition below. All Amateur Cards expire on December 31 of the year issued.

Applicant: \_\_\_\_\_ Year of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Region: \_\_\_\_\_

Applicant must be a current member in good standing of the California State Horsemen's Association at the time of application for amateur status (use the CSHA membership application to join or renew membership)

Membership Type: [ ] Senior [ ] Family [ ] Life [ ] Club Name of Club: \_\_\_\_\_

CSHA DEFINITION OF AMATEUR as reprinted from the West Coast Horse Show Rule Book, Section 1.4:

"Exhibitor is 18yrs of age or older as defined in 1.3 and has not received remuneration, monetary or otherwise either directly or indirectly for the previous 3yrs for training, riding, instruction, showing, or judging horses. Exhibitor must have proof of current amateur status. CSHA or other recognized breed organization cards are acceptable. Management has the right to deny showing privileges to any person who cannot show proof of amateur status"

1] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

2] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

3] By my signature below I attest that I have read the definition of AMATEUR written above and that to the best of my knowledge the above named applicant is an Amateur. I further attest that the information provided by me below is true and correct.

Name of party: \_\_\_\_\_ Ph# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and have personal knowledge of his/her equestrian activities.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

I ATTEST THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT I QUALIFY AS AN AMATEUR AS DEFINED BY THE WEST COAST HORSE SHOW RULES AND PRINTED ABOVE.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

For Office Use Only

OFFICE: Received: \_\_\_\_\_ Check # & Amount \_\_\_\_\_ G/L Acct: \_\_\_\_\_ Member # \_\_\_\_\_ Membership year: \_\_\_\_\_

CHAIR: Approved: \_\_\_\_\_ Card Issued: # \_\_\_\_\_ Card Mailed: \_\_\_\_\_ Region Chair Notified: \_\_\_\_\_



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ENGLISH WESTERN HIGH POINT PROGRAM

2018 EXHIBITOR ENROLLMENT FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ (As of 01/01/2018)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Type of CSHA Membership \_\_\_\_\_ or CSHA Club: \_\_\_\_\_

Amateur Card Issued by \_\_\_\_\_ card # \_\_\_\_\_

Horse Name \_\_\_\_\_ Horse Age \_\_\_\_\_ Breed \_\_\_\_\_

Mare \_\_\_\_\_ Gelding \_\_\_\_\_ Stallion \_\_\_\_\_ Horse Owner \_\_\_\_\_

These Categories and Age Division are required for State Championship Show Qualification. Check boxes that apply.

HALTER

\_\_\_\_\_ Junior Horse (5 & under) \_\_\_\_\_ Senior Horse (6 & over) \_\_\_\_\_ Open

WESTERN

\_\_\_\_\_ Leadline 6 & under \_\_\_\_\_ 10 & under W/J \_\_\_\_\_ 13 & under \_\_\_\_\_ 14-17 \_\_\_\_\_ 18-34/AA \_\_\_\_\_ 35 & over/AA \_\_\_\_\_ Open

ENGLISH

\_\_\_\_\_ Leadline 6 & under \_\_\_\_\_ 10 & under W/T \_\_\_\_\_ 13 & under \_\_\_\_\_ 14-17 \_\_\_\_\_ 18-34/AA \_\_\_\_\_ 35 & over/AA \_\_\_\_\_ Open

REINING

\_\_\_\_\_ 17 & under \_\_\_\_\_ 18 & over/AA \_\_\_\_\_ Open

RANCH HORSE

\_\_\_\_\_ 17 & under \_\_\_\_\_ 18 & over/AA \_\_\_\_\_ Open

These Categories and Age Divisions do not qualify for the State Championship Show. Region 5 High Point Awards only. Check boxes that apply.

TRAIL (Overall)

( ) All ages

SHOWMANSHIP (Overall)

( ) All ages

ENGLISH OVER FENCES

( ) 17 & under ( ) 18 & over/AA ( ) Open

CSHA State EW Program Fee (\$25) \_\_\_\_\_ \$25.00 \_\_\_\_\_

Region 5 EW Program Fee (\$25) \_\_\_\_\_ \$25.00 \_\_\_\_\_

Total Age Divisions \_\_\_\_\_ x \$22.00 = \_\_\_\_\_ (Age Divisions Horse or Rider/Handler)

Volunteer Work Hour Buyout (\$50) \_\_\_\_\_ (Enter this amount only if you do not intend to volunteer 4 works hours)

Total Fees Submitted \_\_\_\_\_ (Make check payable to CSHA Region 5)

I hereby certify that all of the information completed on this form is true and accurate and that any falsification of information will result in my immediate disqualification from this program and the forfeiture of any prizes or awards received as a result of the falsification. I have read and agree to the rules as set forth in the CSHA Region 5 English Western Program. I understand that no points will be recorded on my behalf until this form and fees have been received by the chair of the Region5 EW program.

\_\_\_\_\_  
Rider/Handler Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if rider/handler is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name (if rider/handler is under 18)

CSHA REGION 5 ENGLISH WESTERN CHAIR:

George Yamamoto 1512 Plymouth Ln Antioch, CA 94509 (925) 754-4141 region5ew@comcast.net www.region5ew.com



**California State Horsemen's Association, Incorporated**  
**RELEASE OF LIABILITY**

PARTICIPANT: \_\_\_\_\_ PHONE/Cell# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ STATE: \_\_\_\_\_

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated**, and \_\_\_\_\_ or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc.**, and \_\_\_\_\_ or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA, Inc.** and \_\_\_\_\_, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

( ) I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

( ) I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/ participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury to my minor, his/her animals or property arising out of his/her attendance/ participation in events.

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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ENGLISH WESTERN HIGH POINT PROGRAM  
POINTS FORM

NAME \_\_\_\_\_ HORSE \_\_\_\_\_

ENTRY NUMBER FOR THIS SHOW \_\_\_\_\_ SHOW DATE: \_\_\_\_\_

SHOW NAME: \_\_\_\_\_

Class #	Name of class & division	# of exhibitors	Place in class 1 <sup>st</sup> - 6 <sup>th</sup>	Points earned

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
SHOW MANAGER OR SECRETARY

\_\_\_\_\_  
DATE

Show Management: Please verify all information on this sheet. Please sign and date the sheet and return it to the Participant.



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ENGLISH WESTERN HIGH POINT PROGRAM  
POINTS TABLE

<i>Horses/ Placing</i>	<i>6</i>	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>
<i>1<sup>st</sup></i>	6	5	4	3	2	1
<i>2<sup>nd</sup></i>	5	4	3	2	1	0
<i>3<sup>d</sup></i>	4	3	2	1	0	0
<i>4<sup>th</sup></i>	3	2	1	0	0	0
<i>5<sup>th</sup></i>	2	1	0	0	0	0
<i>6<sup>th</sup></i>	1	0	0	0	0	0