



AUTUMN RIDERS HORSE SHOWS

MEMBERSHIP FORM

Please print clearly, Horse and exhibitors must be registered members to receive points toward ARHS Year-End **Awards**. NO EXCEPTIONS – Horse and exhibitors must show in at least four shows to be eligible for year-end awards. OTTB (TIP) # Must be on file for TIP Points and Awards

OTTB (TIP #) _____

RIDER REGISTRATION

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email Address _____

Riders Date of Birth ____/____/____

Please list names of Family Members who are also joining as Riding Members:

1) _____ Date of Birth ____/____/____

2) _____ Date of Birth ____/____/____

3) _____ Date of Birth ____/____/____

Are you a member of any of the following Organizations (Please Check All that Applies):

NJPHA _____ NJSHA _____ PEL _____ Colonial Classic _____ TIP _____

BARN AFFILIATION

Trainer: _____

HORSE REGISTRATION

Please list all horses and ponies here.

Name on coggins must match horse's name as registered with ARHS.

HORSE NAME COLOR AGE GENDER

1. _____

2. _____

OWNER OF HORSE(S):

1. _____

2. _____

Phone Number:

1. _____

2. _____

Signature

Date

Make checks Payable to:

ARHS

Autumn Riders Horse Shows

RIDER 1# _____

RIDER 2# _____

RIDER 3# _____

RIDER 4# _____

MEMBERSHIP TYPE

(Please Check)

Individual _____ \$40.00

(Additional)

Rider _____ \$35.00

Family _____ \$90.00

Mail to:

Autumn Riders Horse Shows

ATT: Catherine Fairchild

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*Questions Contact:

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