



California State Horsemen's Association, Incorporated

Region IV

Horsemastership Program Application

I wish to participate in Region 4's Horsemastership Program for the year 2025.

NAME: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

I WILL COMPETE AS A:

- JUNIOR (I am 17 or younger as of Jan. 1 of the current year) Birth Date: _____
- SENIOR (ages 18 and over as of Jan 1, of the current year)

I WILL COMPETE IN:

- WESTERN
- GYMKHANA
- ENGLISH I (jumper)
- ENGLISH II (flat)
- COMBINED ENGLISH / WESTERN

I AM A MEMBER OF C.S.H.A. BY:

- INDIVIDUAL OR FAMILY MEMBERSHIP
- CLUB MEMBERSHIP (name of club _____)
- I AM NOT A MEMBER (OR) I DON'T KNOW IF I AM A MEMBER

PLEASE MAIL THIS FORM WITH A \$35.00 CHECK (PAYABLE TO C.S.H.A. REGION 4)
TO YOUR REGION CHAIRMAN:

Michele Ellis
6248 Chief Tucker Avenue
Riverbank, CA 95367

Questions: Email ellismm.6@gmail.com or call/text 209-602-0590

APPLICATIONS ARE DUE: June 15, 2025, to Region 4 Chairman