

CSHA Region IV
English-Western High Point Program
2025 Program Forms Check List

Items 1 & 2 are State Forms – Checks made payable to CSHA

Item 3 is a Region Form – Checks made payable to CSHA Region IV

Mail all forms to: CSHA Region IV % Dana Bookwalter 19112 Saint John Rd Escalon, Ca 95320

1) State Membership Form:

CSHA New/Renewal application form completed with the appropriate fees. Please attach a separate check payable to CSHA.

2) Amateur Application: Not required for youth or open

CSHA Amateur Card application completed with a check payable to CSHA in the amount of \$25. This **form is required if you are 18 years of age and older, of Amateur status and need an Amateur card from CSHA.** When your CSHA Amateur card is issued please forward a copy to the CSHA Region IV English-Western Chair. If you have a current amateur card from another organization (AQHA, APHA, APHC, etc.), please attach a copy to your Region IV enrollment form.

3) Enrollment Form:

Completed enrollment form with the applicable fees. Fees are \$25 State Registration, and \$35 per division. Check payable to CSHA Region IV. This form is required to participate in the CSHA Region IV E/W High Point Program and for the Show of Champions. The enrollment form must be turned in prior to exhibiting at first show.

4) Release of Liability Form:

This form is required for all participants. Turn in completed and signed Release of Liability form along with enrollment forms.

5) Region IV Point Form:

Turn in points within 10 days of a show to the Region IV E/W Chair. Attend a minimum of three (3) CSHA approved shows to be eligible to compete at the Show of Champions and to be eligible for the Region IV High Point year-end awards.





California State Horsemen's Association, Incorporated

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

PHONE: 209-227-7110 Fax 888-389-0359

csa@att.net

Year 20 _____ ☐ New ☐ Renewal ☐ Rejoin

Renewal - if postmarked after January 31st is subject to the additional \$10.00 reinstatement fee*

Name (Primary Adult only):		Region #	
Family Membership: Enter Family Members' information in form on back //////////////////////////////////////			
Enter the following information if this is a New/Rejoin membership; or if a renewal and the information has changed.			
Address		Apt. or Unit #	
City	State	Zip	
Main Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Cell	Alternate Phone	
Email	County		
<input type="checkbox"/> Check here if legal transfer to Region			

MEMBERSHIP TYPES	DUES	
Senior (18 years old & over)	\$ 35.00	
Family (complete page 2)	\$ 40.00	
Commercial	\$ 50.00	
Commercial; Web-site Link	\$ 250.00	
Reinstatement Fee (see above)*	\$ 10.00	
Total (a)	////////////////////////////////	

Youth 17 & under must join as part of a Family Membership

CHARITABLE TRUST DONATIONS	
The Trust is a 501 (c) (3) non-profit organization Donations to the Trust are tax deductible	
Program Scholarships	Donation
English	\$
Western	\$
Gymkhana	\$
Horsemastership Junior	\$
Horsemastership Senior	\$
Royalty	\$
Trail Trial	\$
UC Davis Veterinary Scholarships	\$
Equine Medical Research Fund	\$
Other – Please indicate below	\$
Total (b)	\$

Optional Items		
Bylaws/Rule Book (complete book)	\$35.00	
Bylaws/Rule Book (revisions only)	\$20.00	
Bylaws/Rulebook CD	\$5.00	
Horseman's Handbook	\$30.00	
West Coast Horse Show Rulebook	\$35.00	
C.S.H.A. Flag	\$400.00	
C.S.H.A. Shoulder Patch	\$3.00	
C.S.H.A. 3 1/2 " Window Decal	\$ 3.00	
C.S.H.A. 3 1/2 " Decal	\$ 3.00	
C.S.H.A. 9" Trailer Decal	\$ 6.00	
C.S.H.A. Lapel Pin	\$ 8.00	
Donation to C.S.H.A.		
Total (c)	////////	

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

Dues (a)	\$
Charitable Trust Donation (b)	\$
Optional Item(s) (c)	\$
Program Registration Fee(s)**	\$
Total Due	\$

*Program registration form must be included
(Applies to Amateur Card, ETP and Parade only)

Office/Officer/Chairman Use Only		
Region	Officer/Chairman signature	Date
Received in Office	Postmark date	
Check #	Deposit date	QB updated
Member #	Member Cert mailed	Scanned

www.californiastatehorsemen.org

Mail check or money order for payment in full to address above



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Family Members

Member	First Name	Last Name	Gender	Relationship*	DOB
Primary Adult				self	
Second Adult					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					
Child/Grandchild					

* Relationship to Primary Adult

Family Membership Qualifications:

Two or more persons who meet one of the following qualifications may apply for a family membership:

- a) Any two persons of the same household and/or their children who are juniors.
- b) Any two persons who reside in the same household;
- c) Any adult and his/her children/grandchildren who are juniors.
The adult must be the parent or legal guardian of the children/grandchildren.

www.californiastatehorsemen.org
Mail check or money order for payment in full to address above



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

Amateur Card Application

MAIL WITH \$25 PAYMENT CHECK PAYABLE 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 as defined by the West Coast Horse Show Rule Book as stated below. All Amateur cards expire on December 31st 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 and the information I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

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 and the information that I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

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 and the information that I give is true and correct.

Name of party: _____ Email _____

Address: _____ Ph# _____

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 RULE BOOK AS STATED 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: _____



CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED

English / Western Program REGION _____ Year _____

MAIL TO: YOUR REGION E/W CHAIR (Note: One Horse & Rider/Handler Combination per Form)

Rider/Handler's Name: _____ Birthdate: _____

Amateur Card # _____ Issued by: _____ Shirt/Jacket Size _____

Address: _____ Telephone: (____) _____

City: _____ Zip: _____ E-mail: _____

CSHA Membership REQUIRED [] Attached is my CSHA Membership application form for the calendar year 20____ and dues payment

OR I am a member of CSHA: Type of membership: [] Life [] Family [] Senior [] Club Name of CSHA Club: _____

Name of Horse: _____ Age: _____ Color: _____ Sheet Size _____

Sex of Horse: [] Stallion [] Gelding [] Mare Name of Horse Owner: _____

Categories Divisions (Check all Categories and divisions in which you wish to compete to qualify for the State Championship Show)

- [] **HALTER** [] Junior Halter Horse (5 & under) [] Senior Halter Horse (6 & Over) () Open
- [] **REINING** [] Youth 17 & Under [] 18 & Over AA [] 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
- [] **RANCH HORSE** [] 10 & Under W/J [] 17 & Under [] 18 & Over [] Open

*****Note 3 Shows are required to qualify for Region Year End Awards and State Show, maximum of 6 shows to count***
*****2 Region Hosted Shows are required to receive a Region Award*****

In addition Region 4 also offers the following divisions for **Region only Hi-Point**:

Western - [] 17 & Under Walk/Jog [] 18 & Over Walk/Jog

English - [] 17 & Under Walk/Trot [] 18 & Over Walk/Trot

Region Fees:

Divisions Entered _____ # X \$ 40 = \$ _____ Sub-Total

State Registration Fee \$25

Total Payment \$ _____

Rider/ Handler Signature _____ Date _____

Parent/Guardian Signature (if contestant is under 18) _____ Date _____

As **Region Chairperson** I have confirmed membership in CSHA and Amateur Card Status, if applicable, for the above Rider/Handler.

NAME: Dana Bookwalter TELEPHONE 209-480-7317

ADDRESS 19112 Saint John Rd Escalon Ca 95320

EMAIL: danaleigh1972@sbcglobal.net REGION CHAIR SIGNATURE: _____



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,** 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** 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,** 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 my minor, his/her animals or property arising out of his/her attendance/ participation in events. DOB for minors _____

Month Day Year

NAME: _____ TELEPHONE: () _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____



CSHA REGION

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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 st - 6 th	Points Earned

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

SHOW MANAGER OR SECRETARY

DATE

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



CSHA REGION

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ENGLISH WESTERN HIGH POINT PROGRAM
POINTS TABLE

<i>Horses/ Placing</i>	6	5	4	3	2	1
<i>1st</i>	7	6	5	4	3	2
<i>2nd</i>	6	5	4	3	2	0
<i>3rd</i>	5	4	3	2	0	0
<i>4th</i>	4	3	2	0	0	0
<i>5th</i>	3	2	0	0	0	0
<i>6th</i>	2	0	0	0	0	0
<i>Did Not Place</i>	1	1	1	1	1	1



CSHA Region IV Sponsorship Form

California State Horseman's Assoc., Inc. Region IV is seeking sponsorships for the English/Western High Point Series and Year End Awards program.

Our 2025 High Point Show Series takes place May, June, July. We have 50+ classes encompassing English, Western, Ranch and Reining. Our participants range in age from 6 to 75 years old and are all very active in the horse community.

We ask you to consider becoming a sponsor for our English-Western program this year. Please know that your contributions to our Horse Shows are crucial and much appreciated to this organization, being able to provide a successful show & series/year end award for our exhibitors. Listed below are several donation opportunities available to our valued sponsors:

Sponsor Type	Description	Sponsorship Cost
Buckle Sponsor	Your name will appear in the premium, banner displayed at the show (you provide the banner), your name will be announced thru out the day at all 3 shows.	\$150
Class Sponsor	Your donation will pay for ribbons for series shows.	\$35 per class sponsored

CSHA is a 501(c) (3) organization with the Federal Tax ID number of # 94-1091755.

Thank you for your generous donation

Mail the completed sponsorship form to: CSHA Region IV % Dana Bookwalter 19112 Saint John Rd Escalon Ca 95320

Name _____ Business if Applicable _____

Address _____ City/State/Zip _____

Phone _____ Email _____

I would like to Sponsor CSHA Region IV as a: _____ High Point Division _____ Class/Classes

I would like to sponsor the following division:

Leadline ___ Western: 10 & U W/J ___ 17 & U W/J ___ 18 & O W/J ___ 17 & U ___ 18 & O ___

Open Western ___ 10 & U Ranch ___ 17 & Under Ranch ___ 18 & Over Ranch ___ Ranch Open _____

English: 10 & U W/T ___ 17 & U W/T ___ 18 & O W/T ___ 17 & U ___ 18 & O ___ Open ___