

# LOWCOUNTRY HORSE SHOW ASSOCIATION 2010 Membership Application and Horse Information

Memberships run annually from January 1<sup>st</sup> until December 31<sup>st</sup>

**Individual Adult Membership (over 18): \$10.00 (one vote)** **Family Membership: \$15.00 (two votes)**

*All Club points are earned from the date membership is paid, and the exhibitor must be a current, paid member of SCPtHA in good standing in order to receive points.*

**MEMBER INFORMATION:** **(HIGHLIGHTED FIELDS ARE REQUIRED; *Italic fields are optional but important for yearend awards*)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

### EXHIBITOR INFORMATION:

Exhibitor Name	Age	Birthdate	<i>Breed Association &amp; Member ID #</i>	<i>4H Club Association?</i>	<i>4H Leader Name and email contact</i>	<i>Barn or Trainer Affiliation Name</i>	<i>Barn or Trainer email &amp; phone number</i>

### HORSE INFORMATION *Note -changes in ownership and/or horse name after initial application will be charged an additional \$10 each.*

Horse's Show Name	Name of Horse Owner	Coggins #	Coggins Expiration Date	<i>Breed Association &amp; Registration #</i>

#### Warning:

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I have read the above notice and agree to allow myself and/or my Child to participate in activities of the Lowcountry Horse Show Association.

Parent/Guardian Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Checks Payable To: **LCHSA** and mail to: **LCHSA / Membership, PO Box 21449, Charleston South Carolina 29413**

Office Use Only: Membership Received By: \_\_\_\_\_ Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

