



Battlefield Horse Show Association, Inc

P. O. Box 63, Mt. Vernon, VA 22121-0063

www.battlefieldhsa.com

BHSA Use Only

Date Received _____

Amount Paid \$ _____

Check No. _____

Member No. _____

Horse/Pony No. _____

2018 Membership Application (Please Print)

Individual and Farm Annual Membership Fees: \$25.00 (each)
(Membership Expires on November 30th of the competition year)

_____ Renew _____ New

IMPORTANT: OWNER, RIDER AND HORSE/PONY must be current Members and shown under these names in order for Points to Count!

Name of Individual: _____
Last First Middle

Address: _____ Phone: _____
Street City/State Zip

Date of Birth: (Required Juniors Only) _____ E-Mail Address (Please supply): _____

Please Complete: I grant _____ decline _____ permission for any photograph, digital image, videotape, or other picture to be used for promotional purposes by the Battlefield Horse Show Association.

Signature (Adult must sign for Junior Member)

NOTE: Membership Cards will not be mailed out – Please confirm Membership from the website: www.battlefieldhsa.com

(DO NOT COMPLETE UNLESS REGISTERING FARM – COST \$25)
Farms must be registered members if horses/ponies are shown under Farm name

Name of Farm: _____ Owner's Name: _____ Phone: _____

Address: _____ Farm Representative: _____
Street City/State Zip

2018 Horse Recording Application (Please Print)

Lifetime Horse/Pony Recording Fee: \$15.00 Horse/Pony Show Name: _____

Color: _____ Age: _____ Sex: _____ Height: _____ (Circle) S, M, L (Required for Ponies)

Name of Owner: _____ Telephone: _____

Address: _____ Email: _____
Street City/State Zip

Change Name of Horse/Pony Fee: \$5.00 Owner Name: _____

Former Show Name: _____ New Show Name: _____

Change Name of Owner Fee: \$5.00 (To change ownership, the BHSA must receive written verification signed by both parties)

Former Owner Name: _____ Horse/Pony Show Name: _____

New Owner Name: _____ Email: _____

New Address: _____ Phone: _____
Street City/State Zip

I certify that the following information is true and complete and that I am the Owner/Agent of record for the listed horse/pony above.

Owner/Agent Signature: _____ Date: _____

****Please make checks payable to BHSA and mail to the address above** DO NOT SEND CASH !**

Updated 09/17