

Tri-Cities Horsemen's Association

TRAILS PARTICIPATION PROGRAM

RIDER REGISTRATION

Year: _____

Annual Fee: \$10.00

Name: _____ Horse: _____

Address: _____

City: _____

Area Code & Phone Number :_(_____) _____

E-mail Address: _____

Participation year is from **October 1st to September 30th.**

Make checks payable to: Tri-Cities Horsemen

For Program Chair Use:

Date Received: _____

Check # or Cash: _____

Mail with check payable to TCHA to:

Marie Grisham

663 El Centro Rd

El Sobrante, CA 94803