

CHSA 2025 NOMINATION FORM

Exhibitor(s):

Exhibitor #:

Street Address:

Email Address:

City:

State:

Zip:

Phone:

Date of Birth of Exhibitor (If 18 or younger):

Parent/Guardian Signature (for exhibitors 18/under): _____

Boarding Barn Telephone:

Barn Email Address:

Name of horse:

Breed:

Age of Horse:

Sex:

(No Stallions)

Check Division(s) Competing In: 12/Under English Western Pleasure Ranch Riding Timed

If this form and nomination fee is received on or before April 1, 2025, the fee will be \$30.00 per horse, if received after this date the fee will be \$50.00 per horse.

The Green Horse and Green Rider classes, regardless of discipline, are for a horse or rider that have shown under saddle no more than 4 shows prior to the 2025 CHSA season. Please circle applicable answer and write name of each, if more than one exhibitor.

Green Horse: Yes or No

Green Rider: Yes or No

Please note: It is required for the exhibitor/owner of each nominated horse to provide help during at least half of one CHSA show. This may require coming before your scheduled classes or staying late. Please remember the following: *You are obligated to work the hours agreed upon. If something comes up and you cannot work, please call the president in advance to find a replacement and schedule an alternate time. If you do not adhere to these rules, points will not be given for that day. In case of an emergency, please call the president as soon as possible.*

Owner's/Exhibitor Signature: _____

I/we, the owner(s)/exhibitor, hereby release the CHSA and its members and the organization sponsoring this show and its members from any loss to myself, employees, agent, horses and/or equipment while attending and/or participating in this show. The provisions contained herein are hereby made a part of this entry agreement.

Owner's/Exhibitor Signature: _____ Date: _____

Checks payable to: CHSA

Mail form along w/check and copy of current coggins to:

Valerie Brooks
230 Bill Kay Rd.
Belton, SC 29627
Email: vbrooks262@gmail.com

This form and fee were presented to me (CHSA Board member) on Date: _____ Time: _____

Signature of CHSA Board Member: _____

Dollar Amount Received: _____ Check #: _____