

**2026 CSHA REGION 4
GYMKHANA PROGRAM & YEAR END REGISTRATION**

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____ TELEPHONE (____) _____ - _____

EMAIL _____

DATE OF BIRTH _____ (ONLY required for a rider who is 17 years of age or younger)

HORSE'S NAME _____

(Please use the name you will use @ all the shows – must be consistent to get credit for each show & for rating purposes)

REGISTRATION & YEAR END FEE (Payment must accompany Registration form).

- _____ \$50.00 first Rider/Horse combination in a family
- _____ \$40.00 for each additional Rider/Horse combination in the same family
- _____ \$35.00 for Lead Line per rider (horse's name not required)

PLEASE READ CAREFULLY

___ I have read and fully understand "Region 4 Gymkhana High Point Program – New Riders Information"

To Register, you must either be a Direct Member (Life/Senior/Family) of CSHA or a member of a CSHA Club (The Purpose or Clements Buckaroos)

** If you are neither, you must submit an application and the fees for membership along with this form.

*** I understand my acceptance into this Program is contingent up on verification of my CSHA membership.

I am a Circle one (Membership will be verified)

CSHA Direct Member:

OR

Club Member:

- Life Member _____
- Buckaroos _____
- Senior Member _____
- Family Member _____

Club Name (circle one): The Purpose or Clements

RIDER'S SIGNATURE _____ Date _____

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ Date _____
(FOR RIDER'S UNDER 18 YEARS OF AGE)

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MAKE CHECK PAYABLE TO

: CSHA REGION 4

MAIL TO:

: Lisa Bragg, 3318 Meyers Road, Camino, CA 95709

FOR MORE INFORMATION CALL

: Lisa Bragg @ (916) 212-8183

FOR USE BY REGION GYMKHANA CHAIRMAN ONLY

DATE RECEIVED _____ AMOUNT RECEIVED \$ _____ VIA: CHECK _____ CASH _____ VENMO _____

VERIFIED BY _____