

“2010”

INDEPENDENT CONTEST AND PLEASURE HORSE ASSOCIATION

I.C.P.H.A. was created by sincere horsemen to:

Organize and conduct horse shows/exhibitions for the general public that create, stimulate, and maintain interest in equine events. Promote interest in equine care, breeding, showing, and furthering the art of riding to encourage horse mastership and the welfare of equines.

Any person who has an interest in any of these purposes is invited and encouraged to join ICPHA. Membership will bring you the option of a subscription to The Horseman’s Corral and an ICPHA Rule Book (see Rule Book for ICPHA Rules and Regulations to qualify for year-end awards). Be sure to check out the ICPHA website: www.icpha.org for 2010 show dates, judges, rule book, updates, and other ICPHA functions.

If you were to win an award, please check one of the following (If family, please specify which person wants what award-names):

Award chosen by Awards Committee _____
Gift Certificate _____
Either are fine _____

2010 ICPHA APPLICATION FOR MEMBERSHIP

(Please type or print clearly and complete the entire form to be eligible for points and awards)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Please one box next to the Membership you would like:

I do wish to receive the Horseman’s Corral: Youth (18 & Under) \$28.00 Adult (19 & Over) \$33.00 Family \$43.00

I do not wish to receive the Horseman’s Corral: Youth (18 & Under) \$14.00 Adult (19 & Over) \$19.00 Family \$29.00

Please list family members’ first and last name and ages of youth (children must be 18 years or younger and residing at same residence for family membership). Check each division you plan to show in.

NAME:	AGE OF YOUTH	WESTERN	ENGLISH	CONTESTING

I/We hereby agree to and will abide by the rules of ICPHA.

I/We authorize the above names to be used in a membership roster of names only and published on the ICPHA website and posted at shows as needed.

I/We authorize ICPHA to publish photographs and/or videos on the ICPHA and associated websites.

Signature: _____ Date: _____

Make Check Payable to: ICPHA
Submit to: Cindy Saling, 6825 Fairmont Road SE, Newark, Ohio 43056
Phone: (740) 323-0546

For Office Use Only:			Paid		Check #
	Initials	Date	Cash		