



Membership Application 2010

Please make checks payable to: AHS

Mail checks to:

AHS

P.O. Box 45

Wycombe, PA 18980

AHS Number: Official Use Only

I hereby make application for membership

Name:	Jr. Age: (as of Dec. 1, 2009)	Date of Birth
Address:	Phone:	Cell Phone:
City:	State:	Zip:
E-mail address:		
Trainer Name:	Trainer Phone:	Barn Affiliation:
1 st Horse/Pony Name:	Pony Size: S M L Horse <input type="checkbox"/>	AHS Number: Official Use Only
2 nd Horse/Pony Name:	Pony Size: S M L Horse <input type="checkbox"/>	AHS Number: Official Use Only
3 rd Horse/Pony Name:	Pony Size: S M L Horse <input type="checkbox"/>	AHS Number: Official Use Only
Number of Horses/Ponies _____	@ 15.00 Each = \$ _____	(Required if competing in Hunter/Jumper classes in order to qualify for AHS points)
Owner(s) Fee (Mandatory if not the above applicant in order to qualify for AHS Hunter points)	@ 15.00 Each = \$ _____	AHS Number: Official Use Only
Applicant Fee	@ 15.00 Each = \$ _____	(Required)

My Check in the amount of \$ _____ is enclosed.

By signing the membership form every member agrees that they; (1) have read completely and understood the following; (2) shall be subject to the constitution and the rules of the Associated Horse Shows; (3) represent that every horse and rider is eligible as entered; (4) agree to be bound by the constitution of the Associated Horse Shows and any Associated competition, and will accept as final the decision of the Board of Directors on any questions arising under said rules, and agree to hold the competition, the AHS, their officials, directors, and employees harmless for any action taken; (5) agree that they participated voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any risks of injury, or loss, and they agree to indemnify and hold the AHS, the competition, and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with competition, whether or not such claim, injury, or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the AHS or competition.

Rider's Signature _____

Date _____

Parent's Signature for Riders Under the Age of 18

Office Use Only:

Cash or Check # _____

Amount \$ _____

Date Received _____

Please visit us on the web at
www.associatedhorseshow.com