

SHEC Equestrian Club Registration Form

_____, 20__

Member's name: _____

Age: _____

Address: _____

Phone number: _____

Email: _____

Registration fee: \$20/person, \$40/family (3 or more)

Members participating in the yearly group trip must:

Attend 50% of the meetings

Work at least 2 work days or 2 scheduled events

Participate in fund raising for the trip

I/we understand that, as a member of the SHEC Equestrian Club, I/we are responsible for attending meetings and participating in required events in order to be qualified to go on the yearly trip.

Member's signature

Parent's/Guardian's signature