

NORTHERN CALIFORNIA REINED COW HORSE ASSOCIATION (NCRCHA)

PLEASE MAIL COMPLETED APPLICATION WITH PAYMENT TO:

NCRCHA c/o KELLY HAMBLIN - 2450 ORO QUINCY HWY, OROVILLE, CA 95966

OR

EMAIL APPLICATION TO NCRCHA2023@GMAIL.COM

VENMO FOR PAYMENT IS NCRCHA@NCRHA

Youth	\$10.00	<input type="checkbox"/>	Date of Birth _____
Individual	\$30.00	<input type="checkbox"/>	Date of Birth _____
Family	\$45.00	<input type="checkbox"/>	See Below

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Alt. phone number: \_\_\_\_\_

Email Address \_\_\_\_\_

NRCHA Membership Number: \_\_\_\_\_ SSN / TIN: \_\_\_\_\_

Do you prefer to receive correspondence via: Email  Text

Please list family members here:

Name: _____	SSN/TIN: _____	NRCHA #: _____	DOB: _____
Name: _____	SSN/TIN: _____	NRCHA #: _____	DOB: _____
Name: _____	SSN/TIN: _____	NRCHA #: _____	DOB: _____

I understand the risks involved in riding horse and/or cow work and voluntarily assume those risks. I agree that I will not hold NRCHA, NCRCHA, show facility owners, management, or employees or NCRCHA directors, officers, members, volunteers, employees, vendors or sponsors liable for any injury, death or property damage arising from or caused by any NCRCHA events. I have read this release and understand its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*For office use only\*\*\*\*\*

Paid via: Check  Check number \_\_\_\_\_ Date \_\_\_\_\_

Cash  Received by: \_\_\_\_\_ Receipt # \_\_\_\_\_

Credit/Debit/Venmo

Membership card issued: Yes  By \_\_\_\_\_

Added to membership roster:  By \_\_\_\_\_