

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 completed application to [NCRCHA2023@Gmail.com](mailto:NCRCHA2023@Gmail.com)

Venmo for payment is NCRCHA@NCRHA

Youth \$15.00 Date of Birth \_\_\_\_\_

Individual \$40.00 Date of Birth \_\_\_\_\_

Family \$55.00 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 \_\_\_\_\_