



DC Area Horse Show Association

2017 Membership Form

Date: _____

Referral or Show registered at: _____

IMPORTANT: Fill out your name as it appears on your VHSA registration. If you are not a VHSA member, make certain you enter each show with your name appearing in the same way each time. This ensures that your points are all properly counted towards your year-end awards. (VHSA membership is NOT required for individual DC Area HSA membership)

Last Name: _____

First Name: _____
I am a: JUNIOR ADULT TRAINER (circle one)

Address: _____

City: _____ ST: _____ Zip: _____

Phone numbers: _____

e-mail: _____

Trainer: _____

DC Area Horse Show Association rules:

1. All shows operate under VHSA rules and requirements. The DC Area HSA requires all participating shows to be VHSA Associate shows.
2. Shows are required to post their results within two weeks of show date(s).
3. DC Area HSA is not responsible for errors resulting from inaccurate information submitted by participating shows. It is the rider's responsibility to check each show's recorded information for accuracy. Any errors should be brought to the attention of and corrected by the individual show's manager.
4. The DC Area HSA will not accept information or recordings that are not accepted by VHSA. Report any errors in VHSA point recordings to the VHSA and notify the DC Area HSA as well.
5. Riders may change their registered trainer during the year, but may have only one trainer per show. The trainer the show is started with prevails. Trainers may not also compete for High Point Adult awards. A trainer is defined as a "paid professional who is compensated for services of instruction and training." Trainers' points cannot be reassigned. Trainers may be required to show proof of their professional relationship with a rider at any given show.
6. \$15 membership/make payment to: DC Area Horse Show Association or DCAHSA

I have read and agree to the above rules.

Signed _____ Date _____