

2019 CPHJC HORSE APPLICATION
ONE TIME SIGN UP UNLESS HORSE IS TRANSFERRED

Date of Application _____
Date of Transfer _____ (If applicable)

Check one: _____ New (\$25.00)
 _____ Change name* (\$20.00)
 _____ Change ownership ** (\$20.00)

Horse/Pony Name: _____

Color _____ Sex _____ Height: _____ Age: _____

*Former Horse/Pony Name: _____

**Former Owner Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home/work/cell) _____

Email: _____

Please make sure the above information is complete and correct. Check/cash must accompany this form. Note: ALL RIDERS AND HORSES MUST BE MEMBERS FOR POINTS TO COUNT TOWARD YEAR END AWARDS. Thank you.

Official Use Only: Check # _____ \$ _____ Cash _____ \$ _____
DATE RECEIVED: _____ M# _____ H# _____

Send Application to (Check payable to CPHC):
Sharon Jodon
2925 Halfmoon Valley Road
Port Matilda, PA 16870
814-360-9116