

**2020 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