



## 2022 Open Show Series Membership (one person per form)

MEMBERSHIP (all memberships include point tracking for Year End Awards – for 1 horse/rider combination). **Each additional horse for Rider is \$10.00.** Patterns will be posted online before each show.

Membership Dues: \$75.00 (Due By May 1, 2022) – after May 1, 2022 \$15.00 LATE FEE (\$90.00)

Leadline (ONLY) Membership Dues: \$25.00

**THE MEMBERSHIP MUST BE SUBMITTED BEFORE ANY RIDER/HORSE COMBINATION SHOWS IN A CLASS FOR IT TO COUNT**

**MEMBER BACK NUMBERS ARE TO BE 899 AND BELOW**

### Member Information

Last Name		First Name	
Email Address:			Date of Birth
Street Address			
City	State	Zip	
Contact Number			

### Horse Information

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

Division		Back Number		Back Number
Halter	1, 2, 3, 4			
Leadline	17, 18, 19, 20			
	<b><u>Western</u></b>		<b><u>English</u></b>	
Youth 11 & U	8, 39, 40, 45		14, 21, 22, 27	
Youth 18 & U	7, 49, 52, 55		13, 31, 34, 37	
Limited Youth/Adult	9, 41, 42, 46		15, 23, 24, 28	
Novice Youth/Adult	10, 43, 44, 47		16, 25, 26, 29	
Open Adult	5, 50, 53, 56		11, 32, 35, 38	
Open W/J and W/T	6, 48, 51, 54		12, 30, 33, 36	
In Hand Trail	57			

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In Hand Trail	57			

## Website/Facebook Photo Permission

The Sussex County Horse Show Committee would like to have your permission to display pictures on the website, Facebook and, potentially in other SCHS materials. Many of these pictures will be of either a rider individually or in groups, pictures of awards presentations, warm-up areas and general pictures from the show grounds. We ask that you kindly indicate your preference on the bottom portion of this form. While we hope all exhibitors and their families will allow us to use their pictures, we do understand if you choose not to participate. Thank you.

PERMISSION FORM TO ALLOW SCHS USE OF EXHIBITOR/FAMILY PHOTO(S) ON OUR WEBSITE, FACEBOOK AND OTHER SCHS MATERIALS.

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

EXHIBITOR NAME: \_\_\_\_\_ BACK NO.: \_\_\_\_\_

EXHIBITOR NAME/SIGNATURE \_\_\_\_\_

(If Over 18)

EXHIBITOR PARENT NAME/SIGNATURE \_\_\_\_\_

(If Under 18 – Parent Name/Signature)

Yes, I will allow pictures of myself and/or my child/family to be used by the SCHS

No, please do not use any pictures of myself and/or my child/family

Back No.: \_\_\_\_\_

**Return Completed Form/Check to:**

Cheryl Jacob

c/o SCHS Show Series, 18 Statesville Quarry Road, Lafayette, NJ 07848

Checks should be made out to: "SCHS"