



2021 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 \$15.00. Patterns will be posted online before each show.

Membership Dues: \$90.00

Leadline (ONLY) Membership Dues: \$35.00

PLEASE NOTE: THERE WILL BE NO LATE FEE CHARGE IN 2021 – THE MEMBERSHIP MUST BE SUBMITTED BEFORE ANY RIDER/HORSE COMBINATION SHOWS IN A CLASS FOR IT TO COUNT

Member Information

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

Horse Information

***If you are competing on more than one horse in a different division, please add \$15.00 for the additional horse.*

Back Number										
11&U	14&U	15-18	Ltd Yth	Ltd Adlt	Adult	Nov. Rider	Ranch			
Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Nov.	W/J	W/J/L	
Leadline	Open	Open	Gymkhana							
	W/J & W/J/L	W/T & W/T/C	W/J	Yth 18&U	Adult 19&O	Open				
Horse Name:										
Back Number										
11&U	14&U	15-18	Ltd Yth	Ltd Adlt	Adult	Nov. Rider	Ranch			
Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Nov.	W/J	W/J/L	
Leadline	Open	Open	Gymkhana							
	W/J & W/J/L	W/T & W/T/C	W/J	Yth 18&U	Adult 19&O	Open				
Horse Name:										

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"