

SCHS Adult 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.

Early Bird Fees: If Postmarked by 3/31/20 - 3/31/20 -

Standard Fees - If Postmarked after

Membership Dues: \$90.00

Membership Dues: \$115.00

Leadline (ONLY) Membership Dues: \$35.00
\$50.00

Leadline (ONLY) Membership Dues -

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.*

Name of Horse #1									Back Number		
11&U	14&U	15-18	Ltd Yth	Ltd Adlt	Adult	Open	Halte r	Gymkhana			
Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West		W/ J	18&U	19&O	Open
Novice	Leadlin e	Ranch									
Eng/West		W/ J	W/J/ L	Novice							
Name of Horse #2									Back Number		
11&U	14&U	15-18	Ltd Yth	Ltd Adlt	Adult	Open	Halte r	Gymkhana			

Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West		W/ J	18&U	19&O	Open
Novice	Leadline	Ranch									
Eng/West		W/ J	W/J/ L	Novice							
Name of Horse #3									Back Number		
11&U	14&U	15-18	Ltd Yth	Ltd Adlt	Adult	Open	Halte r	Gymkhana			
Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West	Eng/West		W/ J	18&U	19&O	Open
Novice	Leadline	Ranch									
Eng/West		W/ J	W/J/ L	Novice							

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"