Date of Membership:/	/	/
----------------------	---	---

## 

(children listed under family membership must be 18 years or younger)

<u>(cni</u>	laren listea unaer family	/ membersnip mus	st be 18 years or your	<u>iger)</u>	
Name		Date of Birth_	/	-	
Address				=	
City		State	Zip	_	
Cell					
E-Mail				-	
MEMBER #1		D	ATE OF BIRTH _	/	
MEMBER #2		D	ATE OF BIRTH _	/	/
MEMBER #2		D	ATE OF BIRTH _	/	/
MEMBER #2		D	ATE OF BIRTH _	/	/
	Penn Ohio Cl	asses (Age as	of Jan 1 <sup>st</sup> )		
Open 4-D, Pe	e Wee (Rider 10 years old	d & Under), Youth	3-D (Rider 18 Years	old & U	nder),
Adult (Rider A	Age 19-39), Master (Ride	er Age 40 & Over),	JR Horse (Horse 5 &	Under) {	& Poles
****	****** FAMILY S	ponsorship Fe	e (\$75) ******	****	
	(Mark here	if NOT paid wit	h membership)		
A <u>mandatory sponsorship</u> with a separate form befor in your sponsorship form	re May 1 <sup>st</sup> . If you join a	fter May 1st, you	<b>-</b> •	•	-
If a business card is attached	d all attempts will be mad	de to duplicate acc	urately.		
Sponsor Name:					
Address:					
Phone Number:					
Website:					
Amount of Sponsorship: \$	S				
	e Make Checks Payable				
	: Janie Martin-1356 Por PayPal (FRIENDS & F				
	Check #				
		•			
	Officer	s Initials			