



# SHOW HORSE ALLIANCE

## Enrollment Form

Please Print or Type

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

NSH Registered? Yes / No                      If yes, please provide NSHR reg# \_\_\_\_\_

Foaling Date \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

Dam Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Sire Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Enrollment Eligibility:** Program open to **ALL Saddleseat Type Show Horses. NO blood or breed restrictions.** However, horses eligible for National Show Horse registration must be registered with the National Show Horse Registry prior to enrollment in the Show Horse Alliance program.

Enrollment Fee: \$150.00

\_\_\_\_\_ Enclosed is my check in the amount of \$150.00

\_\_\_\_\_ Please charge my Visa/MasterCard/American Express in the amount of \$150.00

Account # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Validation Code \_\_\_\_\_ (three #'s on back of card, right hand side)                      Exp. Date \_\_\_\_\_

Print Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Membership with the NSHR required to compete in Show Horse Alliance classes.

Return completed form to:

## SHOW HORSE ALLIANCE

P.O. Box 862, Lewisburg, Ohio 45338  
937-962-4336 • 937-962-4332 Fax