

CHBOA Trail Award Entry Form

\$15. per year for each horse entered

Owner
Name: _____

Mailing
Address _____

City, State,
Zip _____

Phone # _____

E-mail
Address _____

1st Horse: Name: _____
CHBOA Registration #: _____

2nd Horse: Name: _____
CHBOA Registration #: _____

3rd Horse: Name: _____
CHBOA Registration #: _____

4th Horse: Name: _____
CHBOA Registration #: _____

Signature _____

*Your Age
Category
(see below) _____

Parent or
Guardian
Signature
(if under 18) _____

*Riders age is determined by the age they will be on December 31 of the year of participation.