

Name(s)_

2025 Membership Application

Each participant wishing to compete for show awards must be a member of HPPHC prior to the time club points are earned. Additionally, any APHA–registered horse wishing to compete for show awards the owner and exhibitor must BOTH be members of HPPHC prior to the time club points are earned. To be eligible for end of year awards, you must show in 2 or more approved shows.

Phone No:

Mailing Address	City	State	Zip
*Email Address	*Note: Most	communications are	via email. Please don't forget to provide it!!!
APHA Competition Division Pleas	e list each individual m	nember and CIRCLE	the AGE CATEGORY:
Lead Line/ Walk Trot	DOB	AJF	PHA#
Youth	DOB	13&Under	14-18 AJPHA#
Youth	DOB	13&Under	14-18 AJPHA#
Amateur	DOB	19-44 45&0	Over Walk/Trot APHA#
Open APHA #			
HORSES SHOWN			
Horse Name:	Owner		_Reg. #
Horse Name:	Owner:		Reg. #
	# of Amateu # of You # of Cor - Not competing for a #ot	ors and/or Open @ outh porate wards and/or Non f Fans	, -
***I am aware of and understand tha agree that they High Plains Paint Ho for an injury to our death of a horse be held responsible for loss, damag during participating in HPPHC spon- association(s), and to pay all costs a feed, bedding, association and mem	of the HPPHC Board of there are inherent risk rse Club (HPPHC), APH or participant due to the, and/or liability sustants ored events. As ownered fees associated with	f Directors. As associated with of the second of the seco	equine activities. I do hereby consent and and/or any cooperative person is not liable sociated with these activities and shall not hile on the show grounds, volunteering or
Member Signature			Date
For Office Use: Date Received Cash Amount Check Number C	Time Received if regis		