



Day Membership Application

Date; _____

Event; _____

Applicant Name; _____ DOB; _____

Parent/ Guardian Name; (if under 18 yrs.) _____

Address; _____

Email; _____ Contact Telephone; _____

An EWA Disclaimer must also be signed and attached to this application.

By signing below, I / We agree to the SHPC Code of Conduct Policy and agree to the terms of this policy. Breaches of this policy may affect future membership applications.

Name; _____ Signature _____

Payment \$ 15.00/ Riding or Non-Riding Day Member

Riding Day Member ____ @\$ 15.00 each = _____

Non-Riding Day Member ____ @ \$15.00 each = _____

Total received \$ _____