



Kansas State Horse Show Circuit Membership Application

www.kshsc.org

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

Membership Type:

Individual _____ Family _____

Before March 1st-\$25 Individual and \$35 Family; After March 1st-\$30 Individual and \$40 Family

If this is an Individual membership and the member s **under age 18**, list

birthday: _____

Parent(s) Name: _____

Parent(s) Phone: _____

Family Membership

Additional Names	Birthdates(children)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Horse(s)

Name as listed on registration papers and show entry forms. **Must match to be eligible for year-end awards**

Name	Breed	Gender	Yr. Foaled	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach a copy of AQHA registration papers if planning to show in Registered Quarter Horse Classes)

____ I would Like to receive KSHSC newsletters and point standings via email

Email address(please print) _____

____ I give permission to have my(our name(s), address, email address, phone number(s) and birthdate(s) published in the KSHSC membership directory.

Please return completed form and application fee to:

Tracie Boman
22161 W 124th Pl
Olathe, KS 66061
tracieboman@yahoo.com