

# 2018 TSHA DRESSAGE CAMPER RESERVATION FORM

Camper Pass will be assigned using this form only. **ONE RESERVATION PER FORM**  
Phone or fax reservations will not be accepted.

No campers or tents on the grounds before 4:00 PM Saturday.  
 Camper Pass must be displayed on the door or in a window.  
 No Tents, Awnings, or EZ-Ups will be allowed within 30 feet of the ring.  
**DO NOT** set up or take down Tents, Awnings or EZ-Ups during the show.

SHOW DATE: (PLEASE CIRCLE ONE) JUNE 17<sup>th</sup> JULY 1<sup>st</sup> JULY 29<sup>th</sup>

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Type of Camper (Tent, Tag-a-long, RV, trailer with living quarters, etc.)	Make & Model of Camper RV or Trailer	State & License Plate Registration Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment must accompany reservations**  
 Camp Site Fee \$30 – No Refunds for Camp Sites  
 Make checks payable to **TSHA** \*\*\*Use Black or Blue Ink\*\*  
 Mail to: TSHA Dressage Camping Reservations, 948 Ekonk Hill Rd, Voluntown Ct 06384  
**ALL RETURNED CHECKS WILL BE CHARGED \$35.**

Office Use Only- Do not write in box

# 2018

## The Tri-State Horsemen's Association Membership Application

**PLEASE PRINT CLEARLY – MUST BE FILLED OUT COMPLETELY**

Name.....Date of Birth.....

Address.....

City .....State.....Zip Code.....

Phone No (.....).....Membership # (if known).....

Email Address.....

**ATTENTION:** Your Annual Membership is valid January 1 to December 31

\*\*\*Membership Cards will be EMAILED\*\*\*

**INDIVIDUAL \$35.00**..... (\$25.00 if paid by 12/31/17) **Anyone under age 18 who is applying for Individual Membership must also list their date of birth.**

**FAMILY \$40.00**..... (\$30.00 if paid by 12/31/17) If applying for Family Membership, please list the names of all persons to be included in the family below. This can include a spouse and **children under age 18 on January 1, 2018. Any children age 18 and over as of Jan 1, 2018 must have their own individual membership.**

Additional Family Member's First/Last Name: \_\_\_\_\_ Date of Birth: (mandatory)

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 .....  
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Use back if necessary

**DO NOT STAPLE CHECK TO FORM**

Check if you want to receive the Equine Journal

Signature: \_\_\_\_\_

Parent or guardian for anyone under age 18 as of January 1, 2018

**Email if different:** \_\_\_\_\_

Please mail this form and payment to: **TSHA Membership**  
**948 Ekonk Hill Road**  
**Voluntown, Ct 06384**

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**Office Use Only – Do Not Write Below Line**

Check#: \_\_\_\_\_ Amount \_\_\_\_\_ Postmark/Received Date: \_\_\_\_\_