

2019 TSHA DRESSAGE CAMPER RESERVATION FORM

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

No campers or tents on the grounds before 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 1st August 10th

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 \$35 – 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

2019

The Tri-State Horsemen's Association Membership Application

PLEASE PRINT CLEARLY – MUST BE FILLED OUT COMPLETELY

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

Address.....

CityState.....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 12/31/18) **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 12/31/18) 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, 2019. Any children age 18 and over as of Jan 1, 2019 must have their own individual membership.**

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

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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, 2019

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: _____