

**2019 TRI-STATE CAMPER RESERVATION FORM**

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

To be eligible for a refund, the Barn Manager (860-304-5848) must be notified of  
 Cancellation by the **SATURDAY** preceding the show.

You must confirm cancellation ONLY with the Barn Manager.

No campers or tents on the grounds before 9:00 AM Thurs.



DAY OF ARRIVAL: (PLEASE CIRCLE ONE) THURSDAY FRIDAY  
 SHOW DATE: (PLEASE CIRCLE ONE) JUNE JULY AUGUST

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

Camper and tent reservations for the 1<sup>st</sup> show will be accepted starting with a  
**POSTMARK DATE** of May 1, 2019. **NO EXCEPTIONS.** All Reservations must be  
mailed and any received with a postmark prior to May 1 will be INVALID and  
returned for re-submittal with no consideration of the earlier date received.  
 Reservations for the 2<sup>nd</sup> and 3<sup>rd</sup> shows will be accepted with a **POSTMARK**  
**DATE** of no sooner than the **MONDAY** after the previous show. Campers and  
 tents will be assigned on a first-come, first-paid basis and assigned locations  
 of campers/RVs and tents are at the discretion of the Committee. All camping  
 reservation fees must be paid in full prior to the show. No blank or post-dated checks  
 will be accepted. Any returned check will cause forfeiture of the camps/tents that it  
covered.

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**

Camping WITH hook-up \$90 each per weekend	Camping WITHOUT hook-up \$50 each per weekend
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Make checks payable to TSHA \*\*\*Use Black or Blue Ink ONLY\*\*

Mail to: TSHA Open Show Barn Reservations, 8 Falls River Circle, Ivoryton, CT 06442  
**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.....

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 12/31/18) **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: \_\_\_\_\_