

# CHA

Date \_\_\_\_\_  
88221

Secretary: Luann Underwood  
P.O. Box 973  
Carlsbad, NM  
(575) 887-0078

Name \_\_\_\_\_  
\$20.00/Individual  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Cell \_\_\_\_\_

CHA Dues:  
\$25.00/Family

Email \_\_\_\_\_

Junior Riders:

Adult Riders:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Name

I agree not to hold Carlsbad Horseman's Association (CHA) or Eddy County Sheriff's Posse responsible for any injury or accident sustained at any event sponsored by CHA.

Signature: \_\_\_\_\_  
Parent or Guardian if minor