



**Pacific Coast Horse Shows Association**  
 P.O. Box 5570 Glendale, CA 91221  
 (818) 842-8194

**MEMBERSHIP APPLICATION**

NEW  RENEWAL

Senior: \$75.00  Junior: \$55.00  Life: \$1,000.00

SPECIAL:  Senior \$200.00 for 3 years  \*Junior \$150.00 for 3 years  
\*no increase if a Junior becomes a Senior during 3 year plan

STEWARD  SHOW MANAGER  SHOW CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH REQUIRED \_\_\_\_\_

Amateur  Professional  Hunter/Jumper  Western

CREDIT CARD VISA \_\_\_\_\_ MC \_\_\_\_\_ # \_\_\_\_\_ Check# \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

NAME OF TRAINER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ 3 DIGIT CODE \_\_\_\_\_

**HORSE REGISTRATION**

Horse must be registered to compete for Yearend Awards

SHOW NAME OF HORSE \_\_\_\_\_

Hunter/Jumper  Western

Color \_\_\_\_\_ Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Yr. Foaled \_\_\_\_\_ Breed \_\_\_\_\_

OWNER OF HORSE \_\_\_\_\_

(MUST BE A MEMBER) OWNER PCHA# \_\_\_\_\_

YEARLY REGISTRATION \$40.00

LIFETIME REGISTRATION \$100.00

SHOW NAME CHANGE \$10.00

FORMER NAME \_\_\_\_\_

TRANSFER OF OWNERSHIP \$10.00

FORMER OWNER \_\_\_\_\_

.....  
 The prices in this catalog reflect a discount for paying by cash, check, or other means not involving a credit card. A retail price catalog is available upon request or at HitsShows.com. CREDIT CARD TRANSACTIONS WILL BE PROCESSED AT RETAIL PRICES.  
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**HITS ACCEPTS VISA, MASTERCARD & AMEX FOR PAYMENTS**

To use your Visa, MasterCard or American Express to pay for amounts due with entry(ies) such as horse deposit, stalls, RV's, etc., please complete the form below and send with your entry(ies). **PLEASE NOTE:** This form must be filled out completely. All fields are required in order to process payment. Incomplete forms may cause entry(ies) to be considered late.

Amount due with Entry(ies) \$

Horse: \_\_\_\_\_

Trainer: \_\_\_\_\_

Office Use only

\_\_\_\_\_  
 Name on Card (exactly as it appears)

\_\_\_\_\_  
 Billing Address of Card City State Zip Code

[ ] Visa [ ] MC [ ] AMEX

\_\_\_\_\_  
 Card #

\_\_\_\_\_  
 Security Code

\_\_\_\_\_  
 Expires MM/YY

I authorize HITS, Inc. to charge my card for all amounts due HITS, Inc. with respect to the enclosed entry(ies).

X \_\_\_\_\_  
 Signature Date Phone Email

**COACHELLA**  
**DESERT CIRCUIT**