## CESHS EQUITATION RIDER REGISTRATION

FEE - \$20.00 Check Only	Conternation	#
		Ad. Jr
Date:		
PLEASE PRINT CAREFULLY AS	S THIS INFORMATION WILL BE USED F	OR OUR BANQUET
Riders Name:		
Address:		
City:	State:	Zip:
Phone Number:	e-mail:	
Age:	Birth Date:	
	registered with the CESHS for their equital sed only for equitation need not be registed theck only please	-
Signature:	Date:	
Must be signed by a parent or guardian, if a Jun Please Print Name:	ior.	
Please hand in to show secretary	Gayle Dunklema <u>or Mail to</u> : 6959 Zion Churc Salisbury, Mary	ch Road

Please make checks payable to: CESHS