

**PINEY WOODS HORSE SHOW ASSOCIATION  
2019 Membership Form**

\$20 Individuals

\$30 Family

**PLEASE PRINT CLEARLY:**

Member Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

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***PLEASE LIST ALL ANTICIPATED HORSE / RIDER COMBINATIONS (use additional sheets, if needed)***

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

Rider Name \_\_\_\_\_ DOB \_\_\_\_\_

Horse Name \_\_\_\_\_ Preferred Back # \_\_\_\_\_

**NOTICE: PARTICIPATE AT YOUR OWN RISK! Under Texas Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of such activities. (Civil Practice & Remedies Code, Chapter 87)**