



# SCPA HORSE REGISTRATION FORM

Please fill out this form to register a ride(s) and horse(s) with the SCPA and return it with your biannual dues payment.

Date: \_\_\_\_\_

**Horse [Owner / Lessee / Rider] (please circle all that apply) Person paying the horse use fees.**

Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\* PHOTOGRAPHS OF EACH HORSE & MICROCHIP INFO REQUIRED - See Below \*\*\***

**Emergency Contact Information:**

Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_

**Billing** - Payor's Email Address for Horse SCPA Fees: \_\_\_\_\_

**Trainers** that train you or any of your horses at SCPA site.

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Alex Chasen      | <input type="checkbox"/> Cha Cha Levinson | <input type="checkbox"/> George Bittar |
| <input type="checkbox"/> German Schneider | <input type="checkbox"/> Kathy Megla      | <input type="checkbox"/> Jodi Spurgeon |
| <input type="checkbox"/> Nicole Husky     | <input type="checkbox"/> Traci Barmen     | <input type="checkbox"/> Other         |

What is the total number of horses that you own (and/or LEASE to others) at SCPA? \_\_\_\_\_

List ALL HORSES you OWN (and/or LEASE to others) that are registered to use SCPA facilities, and for which you pay SCPA Horse Use Fees. Include Stabling information. (The SCPA will supply a Horse Number.) For Billing purposes: Check Active for current horses or to add a horse, and check Delete to remove a horse.

| Horse   | Barn Name    | Show Name        | Microchip #           | Breed              |
|---|--------------|------------------|-----------------------|--------------------|
|   | Color        | Special Markings | Payor-SCPA Horse Fees | Payor Email        |
|   | Stable Owner | Stable Address   | Stable Owner Email    | Stable Owner Tel # |
| # _____<br><input type="checkbox"/> Active<br><input type="checkbox"/> Delete |              |                  |                       |                    |
| # _____<br><input type="checkbox"/> Active<br><input type="checkbox"/> Delete |              |                  |                       |                    |
| # _____<br><input type="checkbox"/> Active<br><input type="checkbox"/> Delete |              |                  |                       |                    |
| # _____<br><input type="checkbox"/> Active<br><input type="checkbox"/> Delete |              |                  |                       |                    |

By completing and submitting this registration you agree that the SCPA is not liable for any injury or illness including death of any horse and you, the rider, at the SCPA site for any reason, and waive any and all claims, and indemnify SCPA.

**\*\*\* You are required to make arrangements to have the horse photographed and microchip scanned at the SCPA site office within two weeks of registering the horse. Failure to do so will be penalized. \*\*\***