National Youth Cutting Horse Association

Clinic Participation Ledger

AFFILIATE: _____

CLINIC DATE: _____ CONTACT NAME & NUMBER: _____

For insurance purposes, all youth riders must either be current NCHA Youth member ($100)
OR
pay a Show Membership fee of $35 that covers the whole clinic.

RIDERS NAME	ADDRESS	D.O.B (Youth)	Amount Paid	Membership Type (Show / Youth)	Member No.
EXAMPLE - Jo Smith	123 Goonoo Goonoo Road	1/12/2009	$35 OR N/L	SHOW OR YOUTH	N/L OR SHA123