## 2019 FAMILY MEMBERSHIP FORM

Maryland Open Horse Show Series Family Membership of 2 - \$45.00 Family Membership of 3 or more - \$50.00 Please make checks payable to MOHSS				For Entry Desk Only
				Fee Paid
				Check #
FAMILY NAME				Date Joined
ADDRESS				_
TELEPHONE		EMAIL ADI	DRESS	
VOLUNTEER DUTY		MONTH		
Rider 1 Name:		(Entry Desk	( Only) Membership #	<b>#</b>
AGE ON 1/1/18	BIRTHDATE _	Division(	s) (please list):	
HORSE (1)		_ COGGINS #	DATE	
(2)		COGGINS#	DATE	
Rider 2 Name:	(Entry Desk Only) Membership #			
AGE ON 1/1/18	BIRTHDATE Division(s) (please list):			
HORSE (1)		_ COGGINS #	DATE	
(2)		COGGINS#	DATE	
Rider 3 Name:		(Entry De	esk Only) Membershi	p #
AGE ON 1/1/18	BIRTHDATE Division(s) (please list):			
HORSE (1)		_ COGGINS #	DATE	
(2)		COGGINS#	DATE	
Rider 4 Name:		(Entry D	Desk Only) Membersh	nip #
AGE ON 1/1/18	BIRTHDATE _	Division(s) (please list):		
HORSE (1)		_ COGGINS #	DATE	
(2)		COGGINS#	DATE	
accumulate points and quali entire Show Series show. The day will be scheduled upon a substitute for this job. Failu awards.	fy for year end av nis work must be receipt of this for re to work volunt	vards, we must be memb done by an ADULT (over m. If you are unable to we eer hours will result in lo	pers in good standing and r 18) family member. We u vork on our scheduled da oss of membership fee an	understand that the volunteer y, you will find a suitable d loss of any year-end
A copy of the current coggir MEMBER'S SIGNATUR				cept on file at the entry desk.
			DATE	
			DATE	
			DATE	

PARENT'S SIGNATURE \_\_\_\_\_\_DATE\_\_\_\_\_