



2024 Blue & Gray Membership Form



Name _____ Date of Birth _____

Address _____

City _____ State _____

Zip _____ Phone # _____ E-Mail _____

Please Mark The Type of Membership: ___ Single \$25.00 ___ Family \$35.00

If a Family membership please list the names and ages of other Riders included with your membership.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

POINT COUNT STARTS AS SOON AS THE RIDER AND HORSE IS NOMINATED

Trainer _____

Nominated Horse (1st horse is free with a single or family membership)

Horse's Name _____

Age _____ Height _____ Color _____ Amount \$ Free _____

Additional Nominated Horse(s) at \$5.00 per horse

Horse's Name _____

Age _____ Height _____ Color _____ Amount \$ 5.00

Horse's Name _____

Age _____ Height _____ Color _____ Amount \$ 5.00

Make all Membership checks payable to the Blue & Gray Horse Show Circuit.

Office Use Only: Date Membership Recorded ____/____/2024

