



# 2026 Blue & Gray Membership Form



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please select the type of Membership:

\_\_\_\_ Single \$30.00      \_\_\_\_ Family \$40.00

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 \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check the box if you are interested in attending either of these shows

Colonial Classic

Commonwealth Junior Amateur Local Championships

I am a participant in the CPJHSA Local Program \_\_\_\_ YES \_\_\_\_ NO

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 \_\_\_\_\_

Please make all Membership checks payable to Blue & Gray Horse Shows.

Office Use Only: Date Membership Recorded ____/____/2026
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