

NIHJA₂₀₁₆

Northern Illinois Hunter Jumper Association

PLEASE PRINT LEGIBLY

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Age As Of December 1, 2014 (required for all Juniors): _____

Barn Affiliation: _____ Trainer Affiliation: _____

Do you prefer your prize list/show bills mailed, e-mailed (if available) or both (circle option)

MAILED

E-MAILED (if available)

BOTH

NOMINATED HORSE(S):

1. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

2. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

3. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

Check Membership Desired:

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Individual Membership, Equitation and Horse Nomination | \$30.00 |
| <input type="checkbox"/> | Family Membership, 3 equitation and Horse Nomination | \$50.00 |
| <input type="checkbox"/> | Additional Horse Nomination | \$10.00 |
| <input type="checkbox"/> | Stable Membership (Up to 10 Horses Nominations) | \$50.00 |

Payment Enclosed Payable to NIHJA: _____

***Forms without payment attached will not be processed until payment is received, including additional horse nominations.**

In consideration of admission to membership of the Northern Illinois Hunter and Jumper Association (NIHJA), the admission being hereby acknowledged, and in further consideration of receiving permission to participate in any NIHJA activities and events, including but not limited to meetings, exhibitions, and horse shows, when qualified as a rider, owner, attendant, spectator, or in any other capacity, the undersigned hereby releases NIHJA and its agents, officers, employees, servants of and from any liability, claims, demands, actions, and causes of action whatsoever causing out of or related to any loss, damage, or injury including death, that may be sustained by the undersigned, or any property of the undersigned while in or upon the premises owned by, leased to, sanctioned by, or under the control or supervision of NIHJA, or in route to or from the premises, or any premises leased to or under control or supervision of NIHJA. The release shall be binding upon the undersigned distributes, heirs, next of kin, executors, or administrator of the undersigned.

Signature of Member and/or Parent or Guardian of Minor _____

Send Completed Form To:

NIHJA Association Secretary
Krista Dufford
1510 West Northwest Highway
Palatine, IL 60067

FOR OFFICE USE ONLY

Check # _____ Amount Received _____ Date Received _____