

Superhorse Championship

Membership Application (fill out one application for each family member)

Date _____

Name _____

Address _____

City _____

State _____

Zip _____

Daytime Phone (____) _____ Email: _____

Membership type: Single (\$45) _____ Family (\$60) _____ Life (\$350) _____

Horse's Registered Name: _____ Horse's Barn Name: _____

Registration Number: _____ Horse's Age: _____ Horse's sex: _____

Check one Breed Type:

_____ American Quarter Horse

_____ Paint

_____ Appaloosa

_____ Grade Horse

_____ Arabian

_____ Non-Grade Registered

_____ Morgan

Send check to:

*Superhorse Championships
8359 West Tangerine Road
Marana, Arizona 85658*