



2012 Membership Application

Please fill out this form completely and return with \$25 check or money order

Name: _____

Address: _____

City: _____

Phone number: _____

Email: _____

Horse Breeds: _____

Horse Interest: _____

**Favorite Places
to ride:** _____

Please volunteer to help. (circle 1 or more)

Shows Meetings Clinics Tack Sale Fall Ride

Christmas Party Showground Workdays Funshow

Please mail completed form to:

Henry County Saddle Club

P.O. Box 5 ~ New Castle, IN 47362

Website: www.hcsaddleclub.com Email: hcsaddle@gmail.com