

2020 CCOBRA MEMBERSHIP FORM

*Please fill out one form **per person***

Open Member Name: _____ \$25
Open horse nomination
Horse 1: _____ \$25
Horse 2: _____ \$25
Horse 3: _____ \$25
Total: \$ _____

Youth Member Name: _____ \$25
(15Y/O UNDER) Horse 1: _____ \$0
As of Jan 1 current year Horse 2: _____ \$25
Total: \$ _____

Pee Wee Member name: _____ \$15
(9 Y/O UNDER)
Total: \$ _____

Address: _____

State _____ Zip Code _____

Phone _____ Email _____

If a minor responsible party name: _____

All CCOBRA information is available on the AZCCOBRA.ORG website

Jacket size ___ X-sm ___ SM ___ Med ___ Large ___ X-LG ___ specify adult or child

Shirt size ___ X-sm ___ SM ___ Med ___ Large ___ X-LG ___ specify adult or child

Horse size _____ IE: Blanket size

Complete other side → → →