



# Pinto Horse Association of America, Inc.

## OPEN COMPETITION ACTIVITIES PROGRAM (OCAP)

### ENROLLMENT SHEET

PtHA Registration Number: _____	Registered Name: _____
Recorded Owner(s): _____	PtHA member #: _____
Owner's Address: _____	
City: _____	State/Province: _____ Zip Code: _____
Telephone:( _____ ) _____	E-mail: _____

- I would like to renew my enrollment in the PtHA Open Competition Activities Program for \$20 per horse.  I am a current member.
- I would like to purchase a PtHA membership.  New  Renewal: PtHA #: \_\_\_\_\_

All owners and exhibitors of the above listed Pinto must be current members.

Exhibitor(s)	PtHA member #(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Method of Payment (circle one): check      money order      credit card

\* Please make check or money order payable in US Funds to: Pinto Horse Association of America, Inc.

Card # \_\_\_\_\_ Type of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Authorization: \_\_\_\_\_

I certify that the above information is correct and current.  
 I have read and agree to abide by the rules of the PtHA Open Competition Activities Program as defined in the current *PtHA Rule Book*. I understand that I must possess my OCAP enrollment card prior to competing in any OCAP event or forfeit any points won therein.

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

\* Please check appropriate boxes on back for official OCAP Reporting Forms.