



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.