

Central Kentucky Racking Horse Association 2023 Membership Application

Name:		
Address:		
City:	State:	Zip:
Home Phone:	_ Business Ph	one:
Barn Phone:	Mobile	:
Email:		
Spouse (Family Memberships only): _		
Children (Family Memberships only)	:	
New orRenewal Individual I	Membership \$1	5.00
New orRenewal Family Me	mbership \$20.0	OO* (includes children 17 & under)
 Anyone 18 years old and older by Jar Membership applications must be re awards Owner, Trainer, and Rider listed on t for high point awards. Memberships are for the calendar years You must be a member to be eligible 	ceived by June 1st, the entry sheet mu ar (January- Decei	2023, to be eligible for high point st ALL be members to be eligible mber)
	is the at the con-	

Make checks payable to: CKRHA 6376 Old Lebanon Rd Campbellsville, KY 42718

Internal Use Only

internal ose only				
Date Received:	Payment Type: Cash	_ Check Number	Amount:	