

KGC Membership

Rider: _____

Horse: _____

HCBC # _____

Phone: _____

email: _____

address: _____

additional family members:

name:	horse:	hcbc#:
name:	horse:	hcbc#:
name:	horse:	hcbc#:
name:	horse:	hcbc#:
name:	horse:	hcbc#:

\$30.00 single / \$50 family

Family may not include Senior Dependents