

**American Collegiate Horsemen's Association National Convention**

**Individual Registration Form**

February 29 – March 3, 2012 Gainesville, FL

Name \_\_\_\_\_

School \_\_\_\_\_

Club affiliate (Horsemen's, B&B, Equestrian Club, etc.) \_\_\_\_\_

Offices held or committees \_\_\_\_\_

Do you plan to run for a National Officer position? \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_

Voting Delegate  Non-voting delegate  Alternate

Major \_\_\_\_\_ Credit hours earned \_\_\_\_\_

Career plans:

\_\_\_\_\_  
\_\_\_\_\_

Horse experience to include discipline interests:

\_\_\_\_\_  
\_\_\_\_\_

Describe briefly your expectations for the upcoming convention. What would you most like to do/see/learn?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**I HAVE READ AND AGREE TO ABIDE BY THE CODE OF CONDUCT AND DRESS CODE AS PROVIDED AT THE CONVENTION WEB SITE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: Attn. Sandra TenBroeck, P.O. Box 110910, Gainesville, FL 32611, FAX: 352-392-9059**