

2018-19 OCIEL MEMBERSHIP FORM

To be filled out completely and mailed with a \$55.00 check to
(can be included with the October entries)

OCIEL/Alison Baxter
24431 Chancellor Ct., Laguna Hills, CA 92653
Cell: 909-260-9221 Fax: 909-687-2705

Rider Name: _____

Rider's Mailing Address:

Street _____

City, Zip _____

Parent's Name _____

**ALL COMMUNICATION IS BY EMAIL SO PLEASE PROVIDE AN EMAIL THAT IS
CHECKED OFTEN.**

Parent's Email _____ Parent's Cell _____

School _____ Grade _____

Trainer's Name _____ Barn Name _____

In which division will you be showing? _____

How many years have you ridden in OCIEL? _____

Show records for new members included? Yes _____ No _____

Did you read the RULES & REGULATIONS on the OCIEL web site? YES _____ NO _____

We release any show photos submitted by the OCIEL Board to be posted on our Website,
Instagram and Facebook.

Rider's Signature: _____ Date _____

Parent's Signature: _____ Date _____