

# 2019-20 OCIEL MEMBERSHIP FORM

To be filled out completely and mailed with a \$60.00 check to  
(can be included with the October entries)

OCIEL/Alison Gerami  
24431 Chancellor Ct., Laguna Hills, CA 92653  
Cell: 909-260-9221 Fax: 909-687-2705 Email: OCIELoffice@gmail.com

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 must be included with the application.

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 \_\_\_\_\_