

2025-2026 OCIEL MEMBERSHIP FORM

To be filled out completely and sent with a \$60.00 payment to

OCIEL, c/o Capistrano Ranch
31878 Del Obispo St, Ste 118/389, San Juan Capistrano, CA 92675

Cell: 949-933-3022 Email: OCIELoffice@gmail.com

Payment via Zelle (ocieloffice@gmail.com) or Check: Interscholastic Equestrian League

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 _____