

OCAP ENROLLMENT SHEET



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Horse Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_
Owner Name(s): \_\_\_\_\_ Membership No.: \_\_\_\_\_
Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

All owners and exhibitors of the above listed Pinto must be current PtHA members.

Table with 3 columns: Exhibitor, PtHA Membership No., Relationship. Multiple empty rows for data entry.

I certify that the above information is correct and current. I have read and agree to abide by the rules of the PtHA Open Competition Activities Program as defined by the current PtHA Rule Book. I understand that I must possess my OCAP enrollment letter prior to competing in any OCAP event or forfeit any points won therein.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
Signature: \_\_\_\_\_

Please include \$35 annual enrollment fee with application.

Method of Payment: (US Funds) (Starting August 1, 2022 a 3% credit card transaction fee will be added)
\_\_Check \_\_Visa \_\_MasterCard \_\_Discover \_\_American Express Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_
Name on Card: \_\_\_\_\_ Signature of Card holder: \_\_\_\_\_