

# 2015-2016 SIESL MEMBERSHIP FORM

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

SIESL/Sarah Riley  
16 Crystal Gate Ln  
Glen Carbon, IL 62010

Rider's Name: \_\_\_\_\_

Rider's Mailing Address:

Street \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

School \_\_\_\_\_

Grade \_\_\_\_\_

Trainer's Name \_\_\_\_\_

In which division will you be showing? \_\_\_\_\_

How many years have you ridden in SIESL? \_\_\_\_\_

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 SIESL Board to be posted on our Website, Instagram and Facebook.

Rider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_