



OHIO INTERSCHOLASTIC HORSEMANSHIP ASSOCIATION

VOLUNTEER REGISTRATION FORM

ADULT ADVISOR: _____
ASSISTANT ADULT ADVISOR _____
ADULT VOLUNTEER _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

ALTERNATE: _____

EMAIL ADDRESS: _____

As a registered adult advisor/assistant advisor/adult volunteer of OIHA, I agree to follow the Constitution, By-Laws, and general rules of this Association, as well as promote its purpose and goals, to the best of my ability. I also agree to provide an updated BCI check per OIHA rules.

SIGNATURE: _____

DATE: _____