



# CHA Site Accreditation Application Form

CHA Program Name: \_\_\_\_\_

CHA Program Membership Number: \_\_\_\_\_ CHA Region Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Site to be Accredited: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Site Representative Name: \_\_\_\_\_

Site Representative Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What Types of Programs Do You Operate? (Check all that apply.)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Arena Lessons            | <input type="checkbox"/> College/School/Camp        | <input type="checkbox"/> Trail        |
| <input type="checkbox"/> Boarding/Training Stable | <input type="checkbox"/> Driving/Carriage Operation | <input type="checkbox"/> Vaulting     |
| <input type="checkbox"/> Pony Rides               | <input type="checkbox"/> Riding for the Disabled    | <input type="checkbox"/> Other: _____ |

When Does Your Program Operate?

- Year Round       Seasonally from: \_\_\_\_\_ to: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please Submit Payment of \$150 with Application.**     Credit Card       Check payable to CHA

Credit Card Number: \_\_\_\_\_

Billing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_