



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 \$125 with Application. Credit Card Check payable to CHA

Type of Credit card: _____

Credit Card
Number: _____

Expiration Date: _____

Security Code: _____

Name on
Credit Card: _____

Billing Address (if different from above):

