

Membership Year: ______ MEMBERSHIP APPLICATION and PARTICIPANT LIABILITY RELEASE OHIO HORSESHOE PITCHERS ASSOCIATION and the NATIONAL HORSESHOE PITCHERS ASSOCIATION

Name:	Last NHPA Card#:	
Mailing Address:		
City:	Zip Code:	Is this a new address? [] Yes
Cell Phone:	Home Phone:	
Email:		
Date of Birth:	League/Club:	
How would you like to receive the Oh	io Horseshoe New:	sletter? EmailMail
· · · · · · · · · · · · · · · · · · ·		per with full privileges able to enter all Fee \$15 / NHPA Fee-Adult \$25, Jr \$5)
New Members only:		
tournaments as you like for the	year. (NHPA Fee \$	
Trial Member \$0.00 : Must pay entry fee and allowed only one tournament.		
Your Division:Men 40'Elder 30'WomanMedical Exemption		
Jr BoysJr GirlsCadet BoysCadet Girls		
Mail: *Application *Check/Money Order *Optional: Self-Addressed Stamped E		y Miller, Sec/Treas – 614-507-2468 ohpasecretary@gmail.com
All Checks are Payable to:	P	ay online with Paypal
OHPA PO BOX 475		www.horseshoepitching.com
HILLIARD OH 43026	Tha	nk you for supporting horseshoes!!
PARTICIPANT LIABILITY RELEASE		
Horseshoe Pitchers Association, the Ohio Eservants or the aforementioned organizations	Horseshoe Pitchers Ass as and all fellow partic eferenced above, for an	e, release and forever discharge the National sociation, all officers, employees, agents and cipants in any and all sanctioned leagues and my and all action, causes of action, damage, loss of these aforementioned sanctioned events.
ADULT SIGNATURE:		DATE:
ADULT SIGNATURE FOR JUNIOR/CAD	DET:	DATE: