

Hitch Membership Form

Contact Information

Voting Member Name	_____
Mailing Address	_____
City, State Zip	_____
Phone Number	_____
Email Address	_____



Membership Options

- | | | |
|-------------------------|-----------------------------------|--------------------------|
| A) Six Horse Hitch | Name of Hitch _____ | \$75 / Six Horse Hitch |
| | Name of Ladies' Cart Driver _____ | \$75 / Driver |
| B) Friend of the Series | Name of Member _____ | \$50 / Member |
| C) Additional Ladies | Name of Driver(s) _____ | \$25 / Additional Driver |

SIGNATURE _____

TOTAL DUE _____

Make Checks Payable to: HHPCS Inc.

Return to:

Cambell Parrish – HHPCS Secretary
978 North Dugan Road
Urbana, OH 43078