MARCH 2016

FORT ARMSTRONG

HORSEMEN'S ASSOCIATION

www.crookedcreekhorsepark.com

WORK WEEK-END

PLEASE JOIN FAHA FOR A CROOKED CREEK WORK WEEK-END !

DATE: MARCH 19 & 20, 2016

PLACE: CROOKED CREEK HORSE PARK

TIME: 10:00 AM

LUNCH PROVIDED FOR A DONATION OF $ 5.00 PER PERSON

BRING A SIDE DISH !

PLEASE COME OUT AND HELP CLEAN UP THE PARK & TRAILS !

C/O LISA NICHOLSON 359 IMEL ROAD, NORMALVILLE, PA 15469

www.crookedcreekhorsepark.com 724-333-2988 crookedcreekhorsepark@gmail.com

FORT ARMSTRONG
HORSEMEN'S ASSOCIATION

NEXT MEETING:

APRIL 12, 2016

CROOKED CREEK HORSE PARK
467 CROOKED CREEK DAM ROAD
FORD CITY, PA 16226
ADMINISTRATION BUILDING

IT'S TIME TO CROWN A
NEW FAHA QUEEN!

GIRL AGES 14 TO 20 INTERESTED IN BEING CROWNED THE 2016 FAHA QUEEN PLEASE PLAN TO ATTEND A
MANDATORY MEETING

SUNDAY, APRIL 3, 2016 @ 5:00 PM

CROOKED CREEK HORSE PARK
ADMINISTRATION BUILDING

FOR MORE INFORMATION PLEASE
CONTACT BECKY
MONTGOMERY
724-822-8839

DATES AVAILABLE
TO HOLD YOUR EVENT
AT CCHP!
CALL FOR INFO!
NEW RATES!

WISHING BILL CULLEN
A SPEEDY RECOVERY FROM RECENT
OPEN HEART SURGERY
GET WELL WISHES CAN BE MAILED TO
BILL CULLEN
248 TREES MILLS ROAD
GREENSBURG, PA 15601

TRAIL CLEAN UP
WORK DAY
MAY 1, 2016
IN NEED OF MEMBERS WITH
CHAINSAWS, RAKES, SHOVELS, ETC.
FOR MORE INFORMATION
WES JACKSON
412-795-6178

FUN SHOW
COMMITTEE MEETING
MARCH 19, 2016
FAHA ADMIN BUILDING
5:00 PM

2016 CALENDER OF EVENTS

Fort Armstrong Horsemen's Association, Inc.

www.crookedcreekhorsepark.com

Crooked Creek Horse Park
Manor Recreation Area
GPS Address 467 Crooked Creek Dam Road
Ford City, Pa 16226

MARCH 2016

8	BOD & MEMBERSHIP MEETING KINGS 313 HYDE PARK ROAD LEECHBURG PA 15656 LISA 724-333-2988 7 PM

APRIL 2016

2 & 3	FAHA/WESTERN PA YOUTH RODEO LISA 724-333-2988
9 & 10	PARK AVAILABLE TO BOOK YOUR EVENT
12	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
15,16 & 17	FAHA/WESTERN PA YOUTH RODEO LISA 724-333-2988
23 24	FAHA/CCHP FUN SHOW & HEALTH FAIR SPONSORED BY COUNTRYSIDE ANIMAL HEALTH (SEE FLYER) LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278
30	PARK AVAILABLE TO BOOK YOUR EVENT

MAY 2016

1	PARK AVAILABLE TO BOOK YOUR EVENT
6, 7 & 8	FOOTHILLS HORSE & PONY ASSOC HEIDI COLE 724-822-8413
10	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
14 15	FAHA/CCHP FUN SHOW LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278
21 & 22	PARK AVAILABLE TO BOOK YOUR EVENT
28 & 29	PAHA OPEN SHOW 412-303-9823

JUNE 2016

4 & 5	PARK AVAILABLE TO BOOK YOUR EVENT
11 & 12	PARK AVAILABLE TO BOOK YOUR EVENT
14	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
18 & 19	FORT ARMSTRONG OPEN GAME SHOW 724-397-2885
25 & 26	FAHA/WESTERN PA YOUTH RODEO LISA 724-333-2988

JULY 2016

2 & 3	RANCH SORTING KENNY 724-689-2278
8 & 9	FAHA CHAMPIONSHIP RODEO
12	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
16 & 17	PAHA OPEN SHOW 412-303-9823
22, 23 & 24	FOOTHILLS HORSE & PONY ASSOC HEIDI COLE 724-822-8413
30 31	FAHA/CCHP FUN SHOW LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278

AUGUST 2016

5, 6 & 7	FOOTHILLS HORSE & PONY ASSOC HEIDI COLE 724-822-8413
9	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
13 & 14	FORT ARMSTRONG OPEN GAME SHOW 724-397-2885
20 & 21	PARK AVAILABLE TO BOOK YOUR EVENT
27 28	FAHA/CCHP FUN SHOW LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278

SEPTEMBER 2016

3 & 4	FAHA/WESTERN PA YOUTH INVITE RODEO LISA 724-333-2988
10 & 11	PARK AVAILABLE TO BOOK YOUR EVENT
13	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM
17 18	FAHA/CCHP FUN SHOW LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278
23, 24 & 25	FOOTHILLS HORSE & PONY ASSOC HEIDI COLE 724-822-8413

OCTOBER 2016

1 & 2	NBHA BARREL SHOW
8 & 9	FALL FOR ANIMALS 724-668-2796
11	BOD & MEMBERSHIP MEETING TBA LISA 724-333-2988 7 PM *Nomination of Officers for 2017*
15 & 16	PARK AVAILABLE TO BOOK YOUR EVENT
22 & 23	PARK AVAILABLE TO BOOK YOUR EVENT
29 30	FAHA/CCHP HALLOWEEN FUN SHOW LISA 724-333-2988 COWBOY MOUNTED SHOOTING KEN 724-689-2278

HAVE YOUR EVENT AT CROOKED CREEK HORSE PARK ! CALL FOR DETAILS

All dates are subject to change - please contact event manager to confirm.

For open dates, rental info, or to schedule an event contact Lisa Nicholson @ 724-333-2988 or crookedcreekhorsepark@gmail.com

2016 FAHA CROOKED CREEK HEALTH FAIR

SPONSORED BY COUNTRYSIDE ANIMAL HEALTH

VETERINARIAN: DR. JOSH WINSLOW

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

HORSES NAME: _____

DATE OF BIRTH: _____ AGE: _____

BREED: _____ GENDER: ___ MARE ___ GELDING ___ STALLION

BRAND/TATTOO: _____

ADDRESS WHERE HORSE IS STABLED: _____

CITY: _____STATE: _____ZIP: _____

PLACE A CHECK MARK BY SERVICES YOU WISH TO RECEIVE:

___ TEETH CHECKED

___ COMBO PACKAGE (6 WAY, RABIES, & COGGINS) ----------$ 79.00

___ 6 WAY (FLU/RHINO, E & W ENCEPH. TETANUS & WEST NILE) ------$ 49.00

___ 5 WAY (DOES NOT INCLUDE WEST NILE) ----------$ 33.00

___ RABIES----------$14.00

___ POTOMAC & RABIES----------$29.00

___ TETANUS----------$ 12.00

___ WEST NILE----------$ 28.00

___ COGGINS----------$ 24.00

_____ CASH _____CHECK TOTAL DUE $ _____

2016 MEMBERSHIP APPLICATION
FORT ARMSTRONG HORSEMEN'S ASSOCIATION
www.crookedcreekhorsepark.com

Membership Year is April 1, 2016 to March 31, 2017

(Please Note: This is a 3-page form) Sign the Hold Harmless Agreement/Release Waiver on page 2 and the Medical Authorization Form on Page 3 (If you have children under the age of 18 – complete one form per child) return all necessary forms with your payment.
Memberships will NOT be processed unless all necessary pages are completed.

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Family membership is two adults and children under the age of 21 living in the same household. Please list the names of family members and ages of children. All children MUST have a medical authorization form on file with FAHA prior to participation IN ANY EVENT:

Individual Membership: $25.00 ☐

Family Membership: $35.00 ☐ Newsletter mailed: $5.00 ☐

TOTAL DUE: _____

Adult #1 Name: _____

Adult #2 Name: _____

Children:
Name: _____ Date of Birth: ___/____/___ Medical Form ☐

Name: _____ Date of Birth: __/____/____ Medical Form

Name: _____ Date of Birth: ___/___/____ Medical Form

Name: _____ Date of Birth: ___/___/____ Medical Form ☐

Name: _____ Date of Birth: ___/___/____ Medical Form

MAIL FORMS & CHECK MADE PAYABLE TO: FAHA
LISA NICHOLSON
359 IMEL ROAD, NORMALVILLE, PA 15469
Contact: 724-333-2988 / Email: crookedcreekhorsepark@gmail.com

2016 MEMBERSHIP APPLICATION
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Hold Harmless Agreement / Participant Release Waiver

We reserve the right to refuse/deny membership to any person(s) without appeal by order of the Board of Directors of FAHA. Decisions of the Board of Directors are final.

On behalf of Fort Armstrong Horsemen's Association & Foundation, (FAHA) Operator of Crooked Creek Horse Park, Manor Recreation Area, Ford City, Pennsylvania. This is a release for all FAHA Events and Activities during the membership year 2016 through the close of membership year on March 31, 2017 and includes those members listed on the membership application and as listed below.
Please Read Carefully Before Signing

EVENT SPONSORS AND CLUB ADMINISTRATION DO NOT ASSURE YOUR SAFETY

I acknowledge that I, Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, Participant, Parent or Legal Guardian. Hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal.

I acknowledge that I, Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and my animals, and that I acknowledge that I, Participant, Parent or Legal Guardian, do carry personal liability insurance now in force.

I acknowledge that I, Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant's family members for injuries or property damage that I or my family may incur, and that I acknowledge that I, Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read and understand the above agreement and release.

_____	_____	_____
(Name of Adult #1 (Please Print)	(Signature of Adult # 1)	Date
_____	_____	_____
(Name of Adult #2 (Please Print)	(Signature of Adult # 2)	Date

Child #1: _____ Child #2: _____

Child #3: _____ Child #4_____

Child #5: _____

MAIL FORMS & CHECK MADE PAYABLE TO: FAHA
LISA NICHOLSON
359 IMEL ROAD, NORMALVILLE, PA 15469
Contact: 724-333-2988 / Email: crookedcreekhorsepark@gmail.com

2016 MEMBERSHIP APPLICATION
FORT ARMSTRONG HORSEMEN'S ASSOCIATION
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MEDICAL AUTHORIZATION FORM

ALL CHILDREN MUST have a medical authorization form on file with FAHA prior to participation IN ANY EVENT.

We, the undersigned, and parents of _____ (minor's name),

hereby authorize _____ (person responsible for minor)

_____ (their relationship to minor) of _____ (minor's

name), to authorize any and all medical treatment for _____ (minor's name)

in their discretion see fit. This includes, but is not limited to, treatment to relieve pain.

****Please list any know allergies or conditions that we should be aware of on the back of this form. Include treatment or medications needed.**

A photocopy of this authorization shall be deemed effective as if it were an original. This authorization shall remain in effect until March 31, 2017.

MEDICAL INSURANCE COMPANY: _____

MEDICAL INSURANCE ID or GROUP #: _____

MEDICAL INSURANCE CO. PHONE #: _____

PEDIATRICIAN: _____

PEDIATRICIAN PHONE #: _____

_____	_____	_____
Mother or legal guardian signature	Phone #	Date
_____	_____	_____
Father or legal guardian signature	Phone #	Date

MAIL FORMS & CHECK MADE PAYABLE TO: FAHA
LISA NICHOLSON
359 IMEL ROAD, NORMALVILLE, PA 15469
Contact: 724-333-2988 / Email: crookedcreekhorsepark@gmail.com