

WESTERN WISCONSIN HORSESHOW ASSOCIATION 2017 RIDER REGISTRATION

Please fill out form completely and legibly!

Rider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Work: _____

e-mail address: _____

Rider's age as of January 1, 2017: _____

WWHSA organization*: _____

*You must be a member of a participating WWHSA club or organization to ride for points.

Please circle any disciplines that you plan to ride for points in:

(P) – Pleasure (S) – Speed (H) – Hunter (D) – Dressage

Horse(s) Name**

Circle discipline(s) for each horse

	P	S	H	D
	P	S	H	D
	P	S	H	D
	P	S	H	D
	P	S	H	D

**The horses name listed on this registration form must be the same name used when registering for your classes in order to avoid points being missed. One rider may register multiple horses at no extra cost.

WWHSA Rider(s) (On or before May 1, 2017) _____ x \$25 = _____

WWHSA Rider(s) (May 2, 2017 or after) _____ x \$35 = _____

Additional Disciplines per horse _____ x \$10 = _____

Total Enclosed: _____

Make checks payable to: WWHSA Return this form & total registration fee to:
Nancy Wakefield, Treasurer, 2708 South 26th Street, La Crosse WI 54601

Date Registration Received _____ Cash/Check _____