WESTERN WISCONSIN HORSESHOW ASSOCIATION 2024 RIDER REGISTRATION

Please fill out form completely and legibly!

Rider Name:					
Address:					
City:	State:		Zip:		
Phone Home:	Work	Work:			
e-mail address:					
Rider's age as of January 1, 2024:					
WWHSA organization*:					
*You must be a member of a participating	WWHSA clul	o or organi	zation to	ride for points.	
Please circle any disciplines that you pla (P) – Pleasure (S) – Speed				age	
Horse(s) Name**	Circle discipline(s) for each horse				
	Р	S	Н	D	
	Р	S	Н	D	
	Р	S	Н	D	
	Hur	Hunter Leadline Classes			
**The horses name listed on this registra when registering for your classes in orde may register multiple horses at no extra	er to avoid cost.	points b	eing mis	ssed. One rider	
WWHSA Rider(s) (On or before May 1, 2 WWHSA Rider(s) (May 2, 2024 or after)		x \$25 = x \$35 =			
Additional Disciplines per horse Hunter ONLY Leadline					
Hunter ONLT Leadine	x \$10 = Total Enclosed:				
Make checks payable to: WWHSA Risa Mauss, Treasurer, 543				-	

Date Registration Received_____ Cash/Check_____