



## **Application For TWHBEA Distance Program**

*(Please type or print clearly)*

DATE \_\_\_\_\_

HORSE'S NAME \_\_\_\_\_

REGISTRATION # \_\_\_\_\_

RIDERS NAME \_\_\_\_\_

OWNER'S NAME (if different than rider) \_\_\_\_\_

MEMBERSHIP # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE(S) CELL \_\_\_\_\_ HOME \_\_\_\_\_

***SEND COMPLETED APPLICATION TO:***

***TWHBEA  
ATTN: TWHBEA TRAILS PROGRAM  
P.O. BOX 286  
LEWISBURG, TN 3709***