



Application For TWHBEA Non-Registered Gaited Distance Program

(Please type or print clearly)

DATE _____

HORSE'S NAME _____

BREED _____

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