TWH BEA

I would like to enter the following horse and rider in the ☐ Youth or ☐ Adult (check one) division of the Versatility Program:

Horse's Registered Name_____ Horse's Registration #_____

Owner's Name_____ Rider's Name_____

Address_____ Address_____

City, State, Zip_____ City, State, Zip_____

Telephone_____ Telephone_____

Email_____ Email_____

Signed_____ Date_____

One-time $25.00 participation fee • ☐ Paying by Check, Check #_____

Paying by Credit Card, ☐ Visa ☐ Mastercard, Expiration Date_____

Credit Card Account # | | | | | | | | | | | | | | | | |

Name on Credit Card_____ **Billing Address**_____

Telephone_____ **Signature**_____