

EQUESTRIAN S  
PORTS AWARDS 2016  
Application for Membership

NAME OF RIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

RIDER'S DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF HORSE \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

NAME OF OWNER(S) \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

\$30 PER RIDER AND \$30 PER HORSE

TOTAL \$ \_\_\_\_\_