

WESTERN INTERNATIONAL WALKING HORSE ASSOCIATION YOUTH CARD APPLICATION

Please PRINT CLEARLY and fill in ALL the information needed below in order for WIWHA to issue your card correctly. This card is free and is required for showing at a WIWHA affiliated show.

Date: _____

Name: _____

Street Address: _____

City: _____, State: _____ Zip: _____

Phone Number(s): _____

Email address: _____

Age (as of January 1st) _____ Date of birth: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____, State: _____ Zip: _____

Phone Number(s): _____

Parent/Guardian Signature: _____

Mail completed forms to:

WIWHA
c/o Susie Bray
5120 63rd Avenue NW
Gig Harbor, W 98335