

NWGHA PREREGISTRATION - INFORMATION TO SUBMIT

SHOW DATE: _____

RIDER/EXHIBITOR: _____ (FORM NEEDED FOR EACH RIDER)

CONTACT NUMBER, EMAIL ADDRESS, OR OTHER: _____

RIDER STATE CERTIFICATION CLUB: ____ BARTOW ____ PAULDING ____ LOST MTN ____ none

NAME OF HORSE/PONY: _____ (form needed for each horse to be shown)

COGGINS REPORTS NUMBER (not over 1 year old): _____

COGGINS REPORT DATE OF REPORT (NOT OVER 1 YEAR OLD): _____

BACK NUMBER ASSIGNED BY NWGHA: _____

BACK NUMBER REQUESTED ____ (NOT GUARANTEED) (leave blank if NWGHA assigns back number)

NAME AND CONTACT INFORMATION OF PERSON RESPONSIBLE FOR PAYMENT (if other than that listed on the check): _____

LIST OF CLASSES (BY NUMBER OR BY NAME OF CLASS):

AMOUNT TO BE PAID: _____