

## RELAY REGISTRATION FORM - EQUESTRIAN

Please use this form to register groups of athletes or athletes and partners who will be competing together in a relay race.

**Local Program Name:** \_\_\_\_\_ **Competition:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Team #** \_\_\_\_\_

Event Name	Last Name	First Name	Athlete (A) or Partner (P)	Name of Horse*	Division

**Team #** \_\_\_\_\_

Event Name	Last Name	First Name	Athlete (A) or Partner (P)	Name of Horse*	Division

**Team #** \_\_\_\_\_

Event Name	Last Name	First Name	Athlete (A) or Partner (P)	Name of Horse*	Division

**\*Please bring with you to the competition proof of the following for each horse: Coggins, EWT, Flu Rhino, Rabies, Strangles, West Nile**