

INDIVIDUAL ATHLETE REGISTRATION - EQUESTRIAN

Please use this form to register a new athlete for individual equestrian events - athletes who have already participated in this sport with your Program will have pre-registration forms.

Local Program: _____ **Competition** _____

Local Program Contact: _____ **Phone:** _____ **Email:** _____

Last Name	First Name	Event	Division	Name of Horse*
		1.		
Has athlete participated before: <input type="checkbox"/> YES <input type="checkbox"/> NO If No: D.O.B. _____ Gender: _____		2.		
		3.		
		4.		
		Demo		

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		3.		
		4.		
		Demo		

***Please attach proof of the following for each horse: Coggins, EWT, Flu Rhino, Rabies, Strangles, West Nile.**