

# WC4-HHA Virtual Show Registration Form

## Rider Information:

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Horse Name (as listed on Coggins): \_\_\_\_\_

*please circle the classes you are participating in:*

1 2 3 4 5 6 7 8 9 10

11 12 13 14 15 16 17 18 19 20

Total Number of Classes: \_\_\_\_\_ x \$3.00 = \$\_\_\_\_\_

make checks payable to WC4-HHA

Make this form and your check to:

**Brenda Wolfe S42 W34169 Hidden Valley Drive Dousman, WI  
53118**

I understand that riding a horse can be dangerous and comes with inherent risk. WC4-HHA, show management and the judge will not be held liable for an injuries incurred during the videoing of this

Rider Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ (If rider is under 18)

