



OHIO INTERSCHOLASTIC HORSEMANSHIP ASSOCIATION

HORSE AND RIDER REGISTRATION FORM

Please print the required information below and be sure that both the rider and parent/legal guardian sign the form. Attach a photograph of each horse.

TEAM: _____ T-SHIRT SIZE: S M L XL XXL

RIDER NAME: _____

GRADE: _____ BIRTH DATE: _____ RIDER AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

1. HORSE NAME: _____ HORSE AGE: _____

HORSE BREED: _____ (If gaited: 2 gaits _____ 3 gaits _____)

HORSE _____ PONY _____ MARE _____ GELDING _____

2. HORSE NAME: _____ HORSE AGE: _____

HORSE BREED: _____ (If gaited: 2 gaits _____ 3 gaits _____)

HORSE _____ PONY _____ MARE _____ GELDING _____

VETERINARIAN'S NAME AND PHONE: _____

I have verified that all of the above information is correct. I have received and read a current copy of the OIHA Constitution and Rules and agree to follow them. I give permission to OIHA to take photographs and use them for the website and other promotional purposes.

RIDER SIGNATURE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

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