



WISCONSIN INTERSCHOLASTIC HORSEMANSHIP ASSOCIATION

"Today's Youth is Tomorrow's Future..."

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MEMBERSHIP FORM

Please print information required legibly & ensure all required signatures are completed below...

DATE FORM COMPLETED: _____

TEAM: _____ DISTRICT: _____

COACH: _____ GRADE IN SCHOOL: _____

EXHIBITOR NAME: _____

PARENT(S) NAME(S): _____

DATE OF BIRTH: _____ SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

EXHIBITOR SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

****PLEASE RETURN COMPLETED FORMS AND PAYMENT FOR MEMBERSHIP FEE TO YOUR DISTRICT COACH!**

OFFICE USE ONLY....

MEMBER # _____ DATE PAYMENT/FORM RECEIVED: _____

FORM OF PAYMENT: _____ PAYMENT RECEIVED FROM: _____

CARD/PATCH MAILING DATE: _____ PAPERWORK RECEIVED BY: _____