



Wisconsin Interscholastic Horseman's Association District Roster

District#: _____ District Chairperson: _____

Print Name _____ Phone _____

Total State Membership Fees Paid: \$ _____

	Division	Team Name	Number of Riders	State Membership Fee	PAID Cash	Check#
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Please submit one roster per District.