



## Wisconsin Interscholastic Horseman's Association Team Roster

**Team Name:** \_\_\_\_\_ **District#** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Coach:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
Print Name Phone

**Assistant Coach:** \_\_\_\_\_  
Print Name Phone

	Rider's Name	Grade	Number of Horses	District Fee	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							
<b>Total Fees Paid</b>							

Please submit one roster per team to your District Chairperson.