

ILLINOIS WALKING HORSE ASSOCIATION

Versatility High Point Nomination

_____ ADULT (\$20)

_____ YOUTH (\$10)

DATE: _____

Horse's Registered Name: _____

Horse's Registration #: _____

Owner's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

Signature: _____

Rider's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

Indicate Reg or Novice for each Division.

Division	REG	Novice	Division	REG	Novice
Model			Dressage		
Western Events			Games		
Events			Trail Obstacle		
Driving			Pleasure Riding 2 Gait		
Pleasure Riding 3 Gait					

Mail To: **Dee Hasler**
10371 State Hwy 48,
Farmer City, IL 61842

Make check Payable To: **IWHA**

* One Horse/Rider team per form