

OWNER / EXHIBITOR / HORSE REGISTRATION FORM

(This form must be completed in its entirety each year)

Form must be filled out completely when applicable or it will not be accepted.

NAME OF OWNER OR EQUITATION RIDER _____ AGE _____

ADDRESS _____

PHONE NO. _____

OPZ EQUITATION NUMBER _____

EMAIL ADDRESS _____

WSH NO. _____ or OPZ MEMBERSHIP # _____ (attach photocopy of current card)

1) HORSE'S REG. NAME _____ Reg. No. _____

AGE _____ SEX M G S COLOR _____ BREED _____ OPZ # _____

2) HORSE'S REG. NAME _____ Reg. No. _____

AGE _____ SEX M G S COLOR _____ BREED _____ OPZ # _____

3) HORSE'S REG. NAME _____ Reg. No. _____

AGE _____ SEX M G S COLOR _____ BREED _____ OPZ # _____

CURRENT COPY OF REGISTRATION PAPERS OF ALL REGISTERED HORSES MUST BE ATTACHED (Affidavits stating age and ownership of all grade horses must be attached). If you have a leased horse, please fill out a lease form. Name of lessee must appear as the owner on all entry forms.

I HEREBY SIGN THAT I AM A SENIOR AMATEUR (As defined by Rule V, #6(a) of the OPZ Performance Div. Rule Book)

Parent or Guardian Signature If under age 18

OWNER/EQUITATION REGISTRATION FEES; \$10.00 (one form per owner or equitation rider)

NUMBER OF HORSES @ \$5.00 EACH _____ X \$5.00 = \$ _____

TOTAL _____

MAKE CHECKS PAYABLE TO OPZ PERFORMANCE DIVISION

MAIL FORM TO OPZ PERFORMANCE CHAIRMAN

Manon Heistand
80 Findley Road
Port Angeles, WA 98362

**** TO QUALIFY FOR YEAR END AWARDS THESE REQUIREMENTS MUST BE FOLLOWED: Each exhibitor must:

- Show at the Benefit Show OR pay a \$50 fee per person (see rulebook)
- Attend two (2) zone meetings to be attended during the current show year exhibitor is showing in.
- Work the Benefit Show