

SELAH EAST



Name: _____

Parents Name (if applicable): _____

Address: _____

Phone: _____ Rider phone number: _____

Email: _____ Rider email: _____

Rider's age: _____ Birthday: _____

Emergency contact: _____

Credit card #: _____

Exp date: _____ CVV: _____ Billing zipcode: _____

Please copy all USEF and Breed association membership cards as well as fill out on here

USEF: _____

Breed Association: (AMHA - ASHA - USHJA - NSBA) _____

Please also include a copy of your horse's registration papers

Registered name of horse: _____

Barn name: _____

Breed: _____ Registration number: _____