



Application For TWHBEA Distance Program

(Please type or print clearly)

DATE _____

HORSE'S NAME _____

REGISTRATION # _____

RIDERS NAME _____

OWNER'S NAME (if different than rider) _____

MEMBERSHIP # _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

PHONE(S) CELL _____ HOME _____

SEND COMPLETED APPLICATION TO:

***TWHBEA
ATTN: TWHBEA TRAILS PROGRAM
P.O. BOX 286
LEWISBURG, TN 3709***