



## WPCSA 2017 Open Competition Program Registration Form

**Nomination fee: \$10 per animal, per competition year.** Submit with this form to:

Lisa Landis, Exec. Secretary, WPCSA, 720 Green St, Stephens City, VA 22655

Competition year ends November 30. Owners/Riders/Drivers must be members of WPCSA

**Pony/Cob 1:** \_\_\_\_\_ Registration Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Registered Owner \_\_\_\_\_ Owner's WPCSA Number \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Pony/Cob 2:** \_\_\_\_\_ Registration Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Registered Owner \_\_\_\_\_ Owner's WPCSA Number \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Pony/Cob 3:** \_\_\_\_\_ Registration Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Registered Owner \_\_\_\_\_ Owner's WPCSA Number \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information:

\_\_\_\_\_ I will send a check with each competition form \_\_\_\_\_ Please bill my credit card each time I submit a form for the competition year

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Please make checks payable to WPCSA.