



Fairfield-Westchester

Professional Horsemen's Association

Membership & High Score Awards Application 2018-2019

ALL information MUST be complete and legible or your application will be rejected.

Equitation Rider* -----> \$ 55

Name: _____

Required:

→ DOB: _____ Junior age: _____ Associate age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Parents' emails: _____

Trainer*: _____

Horse Membership: Hunters and Jumpers -----> \$35 \$ 35

Horse's name: _____

Required:

→ S/M pony _____ Large pony _____ Horse _____

Owner/Lessee must also be a F-W PHA member if not the rider listed above -----> \$20 \$ _____

Owner/Lessee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Parents' emails: _____

Trainer*: _____

* Trainers of High Score riders **and** horses/ponies **must** be current PHA members

F-W PHA

Total enclosed: \$ _____

Checks payable to:
Send applications
and payment to:

F-W PHA High Score Program
attn: Scott Tarter
960 California Road
Bronxville, NY 10708

For office use only

Date of show: _____

Name of show: _____

Secretary: _____

Date rec'd at FWPHA: _____

Effective date: _____

Questions? Scott@TwinLakesFarm.com