

Fairfield-Westchester

Professional Horsemen's Association

Membership & High Score Awards Application 2022-2023

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

	f			\$_	55
Name:					
Required:					
→ DOB	Junion	r age: Asso	Associate age:		
Address:					
City:		State:	Zip:		
Phone:	4				
Email:					
Parents' emails:					
Trainer*:					
	ip: Hunters and Jumpers				35
Horse's name	e:				
Required:					
S/M por	lv Large	pony Ho	rse		
Owner/Lessee must al	so be a F-W PHA member if not	the rider listed above	▶ \$20	\$	
Owner/Lessee	Name:				
Address.					
City:		State:	Zip:		ş
Phone:					
Eman:					
Parents' emails					
Trainer*:					
		ing Trainer must be a cur	rent Profession	al Mei	mber
	accrue high score points, the sign				
	nding of a chapter of The Profes		ation (PHA)		
		ssional Horsemans Associ	ation (PHA) l enclosed:	\$_	
	nding of a chapter of The Profes	ssional Horsemans Associ			-
	nding of a chapter of The Profes	Total For office	l enclosed:		
in good sta	nding of a chapter of The Profes F-W PHA	ssional Horsemans Associ	l enclosed:		
in good sta Checks payable to:	roding of a chapter of The Profes F-W PHA F-W PHA High Score Program attn: Scott Tarter	Total For office	l enclosed: use only		
in good sta Checks payable to: Send applications	roding of a chapter of The Profes F-W PHA F-W PHA High Score Program attn: Scott Tarter 960 California Road	Total For office Date of show	l enclosed: use only		
in good sta Checks payable to: Send applications and payment to:	r-W PHA F-W PHA High Score Program attn: Scott Tarter 960 California Road Bronxville, NY 10708	For office Date of show Name of show Secretary:	l enclosed: use only w:		
in good sta Checks payable to: Send applications and payment to: Questions?	roding of a chapter of The Profes F-W PHA F-W PHA High Score Program attn: Scott Tarter 960 California Road	For office of Date of show Name of show Secretary: Date rec'd at	l enclosed: use only w: FWPHA:		