



National Walking Horse Association Program Enrollment Form

Owner Name: _____ NWhA #: _____

Address: _____

Phone: _____ E-Mail: _____

Horse #1 Name: _____ **Registration # (opt)** _____

Program Enrollment (*check all that apply*)

- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: _____
- Dressage Horse of the Year Program (*Fee: Free with Membership*)
 - Level _____ Level _____
- Trail Rider Incentive Program (TRIP) (*Fee: Free with membership*) Breed: _____
- Lifetime Superior Achievement Program (LSAP) (*Fee: Free with membership*)
 - Youth Rider (*if applicable*): (+ DOB) _____

Horse #2 Name: _____ **Registration # (opt)** _____

Program Enrollment (*check all that apply*)

- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: _____
- Dressage Horse of the Year Program (*Fee: Free with Membership*)
 - Level _____ Level _____
- Trail Rider Incentive Program (TRIP) (*Fee: Free with Membership*) Breed: _____
- Lifetime Superior Achievement Program (LSAP) (*Fee: Free with Membership*)
 - Youth Rider (*if applicable*): (+ DOB) _____

Horse #3 Name: _____ **Registration # (opt)** _____

Program Enrollment (*check all that apply*)

- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: _____
- Dressage Horse of the Year Program (*Fee: Free with Membership*)
 - Level _____ Level _____
- Trail Rider Incentive Program (TRIP) (*Fee: Free with Membership*) Breed: _____
- Lifetime Superior Achievement Program (LSAP) (*Fee: Free with Membership*)
 - Youth Rider (*if applicable*): (+ DOB) _____

Mail completed form and all applicable enrollment fees to:

The National Walking Horse Association
Attention: Program Enrollment, P.O. Box 12430
Reading, PA 19612

Forms can be scanned and sent via email to
office@nwha.com