



# National Walking Horse Association Program Enrollment Form

Owner Name: \_\_\_\_\_ NWA #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Horse #1 Name:** \_\_\_\_\_ **Registration # (opt)** \_\_\_\_\_

Program Enrollment (*check all that apply*)

- Annual High Point Award Program (*Fee: Free with Membership*)
- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: \_\_\_\_\_
- Dressage Horse of the Year Program (*Fee: \$20 per horse per level*)
  - 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*)

- Annual High Point Award Program (*Fee: Free with Membership*)
- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: \_\_\_\_\_
- Dressage Horse of the Year Program (*Fee: \$20 per horse per level*)
  - 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*)

- Annual High Point Award Program (*Fee: Free with membership*)
- Competitive Horse Incentive Program (CHIP) (*Fee: Free with Membership*) Breed: \_\_\_\_\_
- Dressage Horse of the Year Program (*Fee: \$20 per horse per level*)
  - Level \_\_\_\_\_ Level \_\_\_\_\_
- Trail Rider Incentive Program (TRIP) (*Fee: Free with Membership*) Breed: \_\_\_\_\_
- Lifetime Superior Achievement Program (LSAP) (*Fee: Free with Membershuip*)
  - Youth Rider (*if applicable*): (+ DOB) \_\_\_\_\_

Mail completed form and all applicable enrollment fees to:

**The National Walking Horse Association**  
@ PO Box 7111  
Jacksonville, North Carolina 28540  
**Attention: Program Enrollment**