

Rider Name:	Ho	rse Name:	
Address:			
City:		State:	Zip Code:
Phone:	Email:		
Emergency Contact:		Phone:	
Friends of the Park (FOTP) M	1ember: YES 🗌 NO 🗌 Mı	ust show card for c	liscount.
Military Discount: YES D M	Aust show card for discount.		
vest are required for XC so by a grounds person (who Grounds Person Name:	o is at least 18 years old)	at all times.	
Grounds Person Phone Numl			
Please Check WHES Schoo	ling Entering: MAY ⊔ JU	$JNE \sqcup JULY \sqcup$	$\mathbf{AUG} \sqcup \mathbf{OCT} \sqcup \mathbf{NOV} \sqcup$
Jumper Schooling	g		
\$30/jumper rour	nd - non-Friend of the Park		
\$20/jumper rour	nd - Friend of the Park		
\$70 open access	- non-Friend of the Park		
\$50 open access	- Friend of the Park		
XC Schooling			
\$120 - non-Frien	d of the Park		
\$80 - Friend of t	ne Park		
Open Schooling			

_____\$150- non-Friend of the Park

_____\$100 - Friend of the Park

Total Due:



War Horse Event Series Schooling Day Form

Credit Card Information

□ I authorize CHP to electronically and securely save my payment information for future use. Only the last 4 of the CC number will be visible.

Credit Card Number:		Exp:	V-Code:	
Name on Card:	Signature:			
Address associated with Card: :				
City:	State:	Zip Code	e:	
Email:	Phone:			

** IF PAYING BY <u>CHECK</u> AND ALSO COMPETING IN WHES EVENT – PLEASE MAKE OUT <u>2 SEPARATE CHECKS</u>.