

Walking Horse Association of Ohio

Trail Rider Nomination Form

Rider's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

In making this nomination, I subscribe to and agree to abide by the rules of the WHAO Trail Riders Program and agree that WHAO is not responsible nor liable for any errors or responsibility for accidents that may occur at any trail ride. Riders and horse are responsible And ride at their own risk.

Signature _____

Date _____

Nomination fee is \$10.00/rider. Please send form and payment to:

Sherrie Szucs

7880 St.Rt. 18

Bellevue, Ohio 44811

419 483 2563 or ssrunwalk@gmail.com

Questions: Contact WHAO Trail Rider Program Director:

Joyce Moyer

419 684 9490 or joycemoyer@thewavz.com