

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:

Paul Szucs
7880 St.Rt. 18
Bellevue, Ohio 44811
419 483 4389 or paulszucs60@gmail.com

Questions: Contact WHAO Trail Rider Program Director:

Joyce Moyer
419 684 9490 or joycemoyer@thewavz.com