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)
   o Annual High Point Award Program (Fee: $20 per horse)
   o Competitive Horse Incentive Program (CHIP) (Fee: $25 per horse) Breed: _________________
   o Dressage Horse of the Year Program (Fee: $20 per horse per level)
      o Level _______________________ Level _______________________
   o Trail Rider Incentive Program (TRIP) (Fee: Free) Breed: ____________________________
   o Lifetime Superior Achievement Program (LSAP) (Fee: Free)
      o Youth Rider (if applicable): ___________________________________________________________________

Horse #2 Name: ___________________________________________ Registration # (opt) ____________
Program Enrollment (check all that apply)
   o Annual High Point Award Program (Fee: $20 per horse)
   o Competitive Horse Incentive Program (CHIP) (Fee: $25 per horse) Breed: _________________
   o Dressage Horse of the Year Program (Fee: $20 per horse per level)
      o Level _______________________ Level _______________________
   o Trail Rider Incentive Program (TRIP) (Fee: Free) Breed: ____________________________
   o Lifetime Superior Achievement Program (LSAP) (Fee: Free)
      o Youth Rider (if applicable): ___________________________________________________________________

Horse #3 Name: ___________________________________________ Registration # (opt) ____________
Program Enrollment (check all that apply)
   o Annual High Point Award Program (Fee: $20 per horse)
   o Competitive Horse Incentive Program (CHIP) (Fee: $25 per horse) Breed: _________________
   o Dressage Horse of the Year Program (Fee: $20 per horse per level)
      o Level _______________________ Level _______________________
   o Trail Rider Incentive Program (TRIP) (Fee: Free) Breed: ____________________________
   o Lifetime Superior Achievement Program (LSAP) (Fee: Free)
      o Youth Rider (if applicable): ___________________________________________________________________

Mail completed form and all applicable enrollment fees to:

The National Walking Horse Association
@ The Kentucky Horse Park
4059 Iron Works Pkwy Suite 04
Lexington, Kentucky 40511
Attention: Program Enrollment