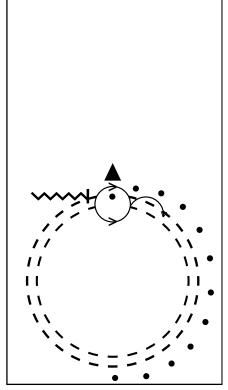


2020 SWRHA 10 & Under Walk/Trot Class

For Office Use:	Date:
Initials:	Time:
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HORSE NAME:			
Year Foaled:	Coggins Date:		_ □ Mare □ Gelding □ Stallion
RIDER NAME:			
City, State, Zip:			New Address?
OWNER NAME:		E-mail:	
Address:		Phone:	
City, State, Zip:			New Address? Yes No
agents and employee's consent that they have read a requirements including enter-up requirements. Comp	and fully understood the rules of the event and those of the etitors must sign and deliver event waiver and attach to thi	National Governing Body ar s entry form as well as requi	ovenience fee. By making entry into the SWRHA, competitors, owners, and Federations as applicable. Competitors consent to comply with eligibility isite licenses and memberships for it to be considered complete. Competitors aslate rules as needed, make decisions in the best interest of the event, and to
Signature of Parent/Guardian	Date		
Print Name Parent/Guardian			
			pant Biography:



Parent's Names:	Hometown:		
Favorite Hobbies:			
What rider wants to be when he/she grows up:			
Horse's Barn Name:	Age:	Gender:	
Class #190 PATTERN	Horse's/Team's Accomplishments:		
1. Walk to Center Marker			
2 Complete 1 spin to the RIGHT			

Age:

Complete 1 spin to the RIGHT

3. Complete 1 spin to the LEFT

4. Trot left circle to the Center Marker & stop

5. Roll back to the RIGHT

6. Trot right circle to the Center Marker

7. Stop and back up

Name Rider Goes By:

** Exhibitors in Walk Trot Reining may <u>not</u> also be entered in Short Stirrup Reining or 13 & Under Reining at the same event.

Gender: