



WASHINGTON STATE HORSEMEN

APPLICATION TO BEGIN THE LEARNER PROGRAM FOR WSH JUDGE OR STEWARD

Please state your intention

Steward _____ Judge _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ - _____ Best phone number to reach you at.

Cell Phone Number (_____) _____ - _____

E-Mail _____

WSH Card Number _____ USEF Card Number _____

\$10.00 Application Fee Enclosed _____

Judges only, please list the divisions you are testing in. Must be at least three divisions applied for. See WSH rule book for the divisions. One Division must be an Equitation Seat.

_____, _____, _____, _____

Return form to :

Patti Burns LOC Chairman
P.O. Box 444
Buckley, WA 98321

FOR

OFFICIAL USE ONLY

Date received _____

Test Mailed _____