



## TWHBEA Distance Program Entry Form

DATE \_\_\_\_\_

HORSE'S NAME \_\_\_\_\_

REGISTRATION # \_\_\_\_\_

RIDERS NAME \_\_\_\_\_

OWNER'S NAME (if different than rider) \_\_\_\_\_

MEMBERSHIP # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE(S) CELL \_\_\_\_\_ HOME \_\_\_\_\_

*Please send this entry form along with a \$25.00 entry fee to:*

# TWHBEA

**ATTN: TWHBEA Trails Program**

**P.O. BOX 286 LEWISBURG, TN 37091**

**For more information please call 931-359-1574 or visit [www.twhbea.com](http://www.twhbea.com)**