



# Welsh Pony & Cob Society of America

## Open Competition Program Registration Form

Nomination fee: \$10 per animal, per competition year. Submit with this form.

Submit to Open Competition Secretary: WPCSA, 720 Green St., Stephens City, VA 22655

Competition year ends November 30th. Owners/Riders/Drivers must be members of WPCSA.

Pony/Cob 1: \_\_\_\_\_ Registration number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Registered Owner: \_\_\_\_\_ Owner's membership #: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pony/Cob 2: \_\_\_\_\_ Registration number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Registered Owner: \_\_\_\_\_ Owner's membership #: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pony/Cob 3: \_\_\_\_\_ Registration number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Registered Owner: \_\_\_\_\_ Owner's membership #: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Payment Information:

I will send a check with each competition form       Please bill my credit card each time I submit a form for the competition year 20\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Address \_\_\_\_\_

Visa       Mastercard      Card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_      Expiration date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to WPCSA.