



**2024**  
**WISCONSIN HORSE COUNCIL**  
**Ride Wisconsin - Trail Riding/Driving Award**  
**Program Application Form**

To participate in the Trail Riding/Driving Award program, please complete this application. Forward the completed application and all applicable fees to the address shown at the bottom of this application form. We invite you to join and have fun with your horse.

**Please check one:**

- Current WHC Individual/Family or Youth member *OR*  
 New WHC Individual/Family or Youth member  
(Include WHC Membership Application, check WHC website for other benefits of membership)

**Please check one:**

- Current Trail Riding/Driving Award program member *OR*  
 New Trail Riding/Driving Award program member

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street/P.O. Box:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Enrolling Additional Family Members:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Equine-related clubs you belong to:**

**Program Fees:** *(Fee is per individual participating. Fee accepted for current year only)*

Annual Trails Riding/Driving Program Fee \$15 \_\_\_\_\_ x\$15= \$ \_\_\_\_\_

Annual WHC Individual Membership fee: \$20 \$ \_\_\_\_\_

Annual WHC Family Membership fee \$30 \$ \_\_\_\_\_

If you'd like a copy of the newsletter printed \$20 \$ \_\_\_\_\_

**Total Payment Enclosed. Make checks payable to WHC: \$ \_\_\_\_\_**

**Questions/Comments:** Jill Feller, Program Coordinator – 920-948-9502 – [Jfeller5732@outlook.com](mailto:Jfeller5732@outlook.com)

**WISCONSIN HORSE COUNCIL**

**Ride Wisconsin – Trail Riding/Driving Award Program**

**121 S. Ludington Street**

**P.O. Box 72**

**Columbus, WI 53925**

**Voice: 920-623-0393**