New Zealand Western Riding Federation

C/- 49 Feathers Road, RD2 Rangiora Canterbury 7472 secnzwrf@gmail.com www.westernriding.co.nz



Change of Enrolment details

Please make the following changes to the NZWRF Points Recording:

First Name: Surname:	
Address:	
Contact number:	
Date of Birth:	
Email Address:	
Life Number:	
Please change my details	to the following:
Change name to:	
Change address to:	
Change contact details to:	
Please add me to the follo	owing Divisions for points:
	Adult Amateur Rookie Youth
l understand	that any information given on this form will be used for NZWRF purposes only and will not be divulged to any third party.
Signature of Applic	cant: Date:

Please send form to: secnzwrf@gmail.com