

New Zealand Western Riding Federation

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secnzwrf@gmail.com
www.westernriding.co.nz



Horse Life Numbers Application form

Please supply life numbers & record points in the following categories:

Horse Breed NZWRF

Horses Name: _____
Breed: _____
Date of Birth: _____
Registration #: _____
Sex: Stallion / Mare / Gelding
Owner: _____

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Name: _____
Address: _____
Contact number: _____
Email: _____

I 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 Applicant:

Date:

Please send form to: secnzwrf@gmail.com