

New Zealand Western Riding Federation

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



Rider Life Number Application Form

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

NZWRF Adult Amateur Rookie Youth

First Name: _____

Surname: _____

Address: _____

Contact number: _____

Date of Birth: _____

Email Address: _____

Club Membership: _____

Comments: _____

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:

If under 18 years signature of parent or guardian

Please send form to: secnzwrf@gmail.com