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

2026/2027

Horse Life Numbers Application form

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

Horse ☐ **Breed** ☐ **NZWRF** ☐

Horse's Name: _____
Breed: _____
Date of Birth: _____
Registration #: _____
Sex: Stallion / Mare / Gelding
Owner: _____
Club/Assoc Affiliation: _____

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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