



Pinto Horse Association of Western Washington
Exhibitor Number Reservation Form

flarebear@cco.net

Owner: _____

Requestor's Name: _____ Phone No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Horse – Registered Name

Number Choice

- 1. _____
- 2. _____
- 3. _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of owner or exhibitor/rider/agent

Make Checks Payable to: PtHAWW

Paid by: Check _____ Other: _____

PAYMENT TO BE INCLUDED WITH THIS FORM

Mail to: PtHAWW c/o Deborah Hoines
5907 Johnson Pt. NE
Olympia, WA 98516

Three laminated numbers per Pinto will be issued.

All monies coming to PtHAWW will be going directly to your class awards!

Amount Exhibitor numbers requested # _____ x \$10 _____

Total fees _____