



W. A. "Wink" Chappell Memorial Trophy
Application for Competition

For the Year _____

HORSE:

Horse's Name: _____

Registration No.: _____ Sex: Gelding () Mare () Stallion () Color _____ Age: _____

OWNER:

Name: _____

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

Telephone: _____ E-mail: _____

RIDER:

Name: _____

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

Telephone: _____ E-mail: _____

Signature of Owner

Date of Signature

**FEES: \$10.00 per horse per year for members of ARAB.
\$15.00 per horse per year for non-members**

**Full amount must accompany this application
Competition year is from January 1 to November 30
Score Sheets to be turned in to Committee by December 4 of the Competition Year**

Horses to be exhibited by Amateur (exceptions noted in rules).

**Submit Application and fee to:
Lorry Wagner, Chair
W. A. "Wink" Chappell Memorial Award Committee
8222 Athel Street
Inyokern, CA 93527
(760) 377-5579 fax same #
lorry@ridgenet.net**

MAKE CHECKS PAYABLE TO: ARAB