

The Horse Warriors

Participant Form-Veterans, Active Military & First Responders
Thank you for your service. We are honored to recognize you in the arena.

PARTICIPANT INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

City & State: _____

SERVICE INFORMATION

Service Category (*check one*):

- Veteran
- Active Military
- First Responder

Branch / Service Type:

- Army Navy Air Force Marines Coast Guard National Guard / Reserves
- Law Enforcement Fire EMS/Paramedic Other: _____

Years of Service: _____

Rank / Position (*Optional*): _____

NRCHA PARTICIPATION

Horse's Name: _____

Class(es) Entered: _____

Verification (*One-Time Required*)

- Military ID
- DD-214
- Department/Agency ID
- Other: _____

Verification may be kept on file for future events.

Optional – Your Story (*for recognition*)

Would you like to share a short note about your service and/or what the horse industry means to you?

Permission to Recognize You Publicly:

Yes No

Signature: _____

Date: _____