

**West Central Light Horse Clubs
Project Identification**

Member Name _____ **Phone Number** _____

Club Name _____

Age of Member (As of January 1st) _____ **Name of Leader** _____

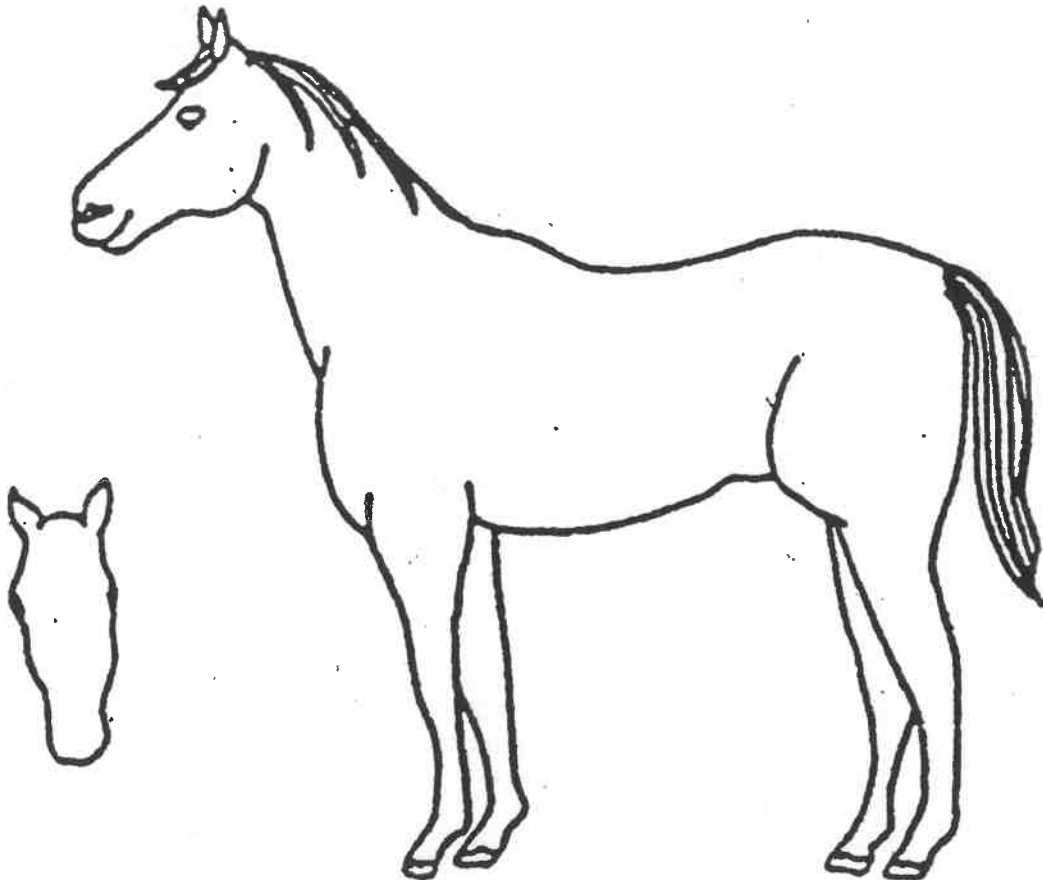
Registered Name of Horse _____

Stable Name or Nickname of Horse _____

Age of Horse _____ **Sex** _____ **Height: Hands** _____ **Inches** _____

Color and Markings _____

**Photograph of your Project horse or Fill in appropriate color and markings
(Place Photo over Drawing)**



Date Completed _____

Member Signature _____

Leader Signature _____

**Please Give to your Club Leader
To Return to the Regional Horse Committee**