



MID-WESTERN ONTARIO HORSEMANS SOCIETY NOVICE APPLICATION

NOVICE ELIGIBILITY REQUIREMENTS:

- a) For Year End awards applicant must hold a current MWHS Single or Family Membership
- b) Application must be completed entirely.
- c) Applicant must not have shown in 20 Open (including MWHS) or Breed Shows in the last 5 years or have a strong history of showing.
- d) Applicant must not have won High Point or Reserve High Point in any other MWHS division or must not have won a MWHS High Point or Reserve High Point Novice twice.
- e) Any age rider on a horse over 13.2 hands

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

MWHS MEMBERSHIP TYPE: _____ **DATE:** _____

- 1) Have you exhibited a horse or horse of any breed at Open (including MWHS, NRHA, NBHA, OBRA, fairs etc.) or breed show (including AQHA, APHA, ApHC etc.) at any time in the past?

Yes No

If yes, have you shown in more than 20 Open and Breed Shows in the past 5 years? Please list details

Yes No

- 2) Have you ever shown at a club Show (does not include MWHS)?
- If yes, please give complete details regarding how many shows per year each club, how many years and list the clubs and any other details.

Yes No

- 3) Have you ever been paid a fee for riding, training, or exhibiting a horse? If yes, please give details:

Yes No

- 4) Has any member of your immediate family had a source of income from riding, training, or showing a horse either directly or indirectly at any time? Yes No

If yes, please give details _____

- 5) Have you instructed a person in riding, driving, training, or showing a horse either directly or indirectly at any time? If yes, please give details including if you received compensation. Yes No

- 6) Have you judged any horse shows, Open, fairs, 4-H or approved breed shows in the past? If yes, please give details including if you received any compensation Yes No

If you need more space for one of your answers, please add it here:

Please note any person being denied Novice status shall have 30 days in which to appeal the decision. If you have any questions, contact a MWHS Board member.

SIGNATURE OF APPLICANT _____

Email completed form to: mwhsmemberships@gmail.com

FOR OFFICE USE ONLY

Date of Decision _____

Approved YES NO

NOTES: _____