



WESTERN NEW ENGLAND PROFESSIONAL HORSEMEN'S ASSOCIATION

APPLICATION FOR SHOW DATES

Name of Stable: _____

Address: _____

City: _____ State: _____ Zip: _____

Date (s) Requested: _____

Divisions to be Pointed: _____

Name of Judge (s): _____

Amount Enclosed (member fee \$25.00, non-member fee \$35.00): _____

Contact Person: _____ Phone: _____

Signature: _____ Date: _____

Mail payment to: **Karry Brothers**
15355 State Route 22
Stephentown, NY 12168