WISCONSIN EQUINE
DERBY WEEKEND

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Rider Bio

This form MUST accompany all entries for each horse & rider combination.

Horse Name _____ Age ____ Color _____
Breed _____ Sire _____ Dam _____

Rider Name _____ Age _____
Hometown _____ Years Riding _____
Barn _____ Trainer _____

Short history of the partnership between horse and rider: _____

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Good Luck!

Wisconsin Equine CLINIC & HOSPITAL