

**West Central Light Horse Clubs  
Project Identification**

Member Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Club Name \_\_\_\_\_

Age of Member (As of January 1<sup>st</sup>) \_\_\_\_\_ Name of Leader \_\_\_\_\_

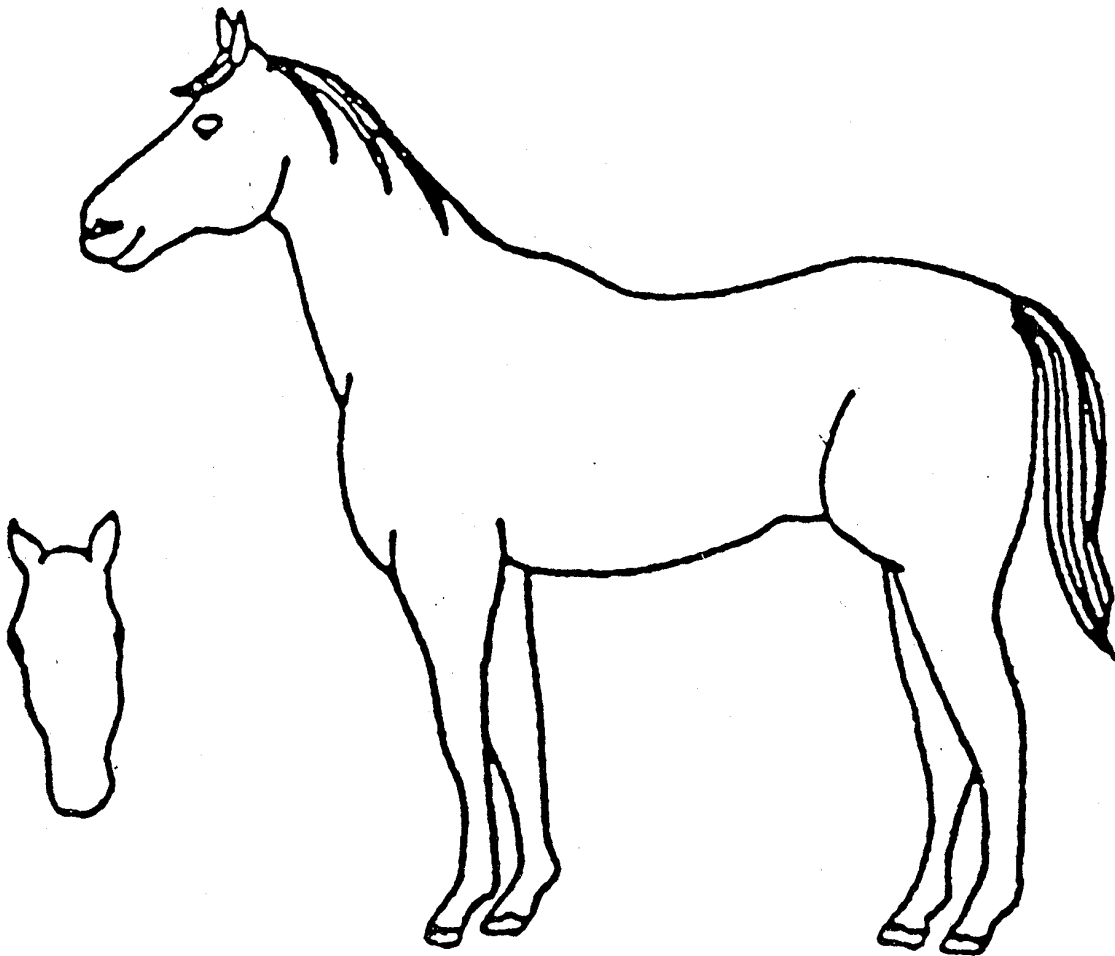
Registered Name of Horse \_\_\_\_\_

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