



DRAW MEMBERSHIP 20_____

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

PHONE: _____

CELL PHONE: _____

EMAIL: _____

HORSE(s) NAME: _____

Circle one:

SINGLE - \$20

FAMILY - \$30

FAMILY NAMES: _____

MAKE CHECKS PAYABLE TO: DRAW

MAIL TO: Jill Feller; N9280 County Road TW; Mayville, WI 53050