

2025 Kentucky Walking and Racking Horse Trainers Association Membership Information

Check One: _____\$25 Trainer/ Individual _____\$10 Individual/Associate

Name: _____

Stable Name: _____

Address: _____

City, State, Zip: _____

Home Phone and/or Cell #: _____

**Mail to: KWRHTA
2439 Columbia Hwy,
Greensburg, KY 42743**

Date Paid _____

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