

**Oregon High School Equestrian Teams, Inc.**  
 Team Registration Form for the Year of \_\_\_\_\_

**OHSET DISTRICT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

High School Phone: \_\_\_\_\_

Team Banking:  Through School  Through Team Bank Account Outside of School

School Activity: \_\_\_\_\_ Director=s \_\_\_\_\_

School Contact: \_\_\_\_\_ Contact=s \_\_\_\_\_

Please indicate OHSET's participation level at your school:  SPORT  CLUB/ACTIVITY  SCHOOL NAME ONLY

Signature of High School  
 Administrator approving  
 Team Participation

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**TEAM ADVISOR(S) AND COACH(ES) INFORMATION**

**Head Advisor's Name:** \_\_\_\_\_ **Certified:**  Yes  No **Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Asst. Advisor's Name:** \_\_\_\_\_ **Certified:**  Yes  No **Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Head Coach's Name:** \_\_\_\_\_ **Certified:**  Yes  No **Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Asst. Coach's Name:** \_\_\_\_\_ **Certified:**  Yes  No **Date:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Other Name: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Certified:**  Yes  No **Date:** \_\_\_\_\_