

**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: \_\_\_\_\_

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 (circle one) Date \_\_\_\_\_

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

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

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

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

Asst. Advisor's Name \_\_\_\_\_ Certified: Yes No (circle one) Date \_\_\_\_\_

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

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

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

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

Head Coach's Name \_\_\_\_\_ Certified: Yes No (circle one) Date \_\_\_\_\_

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

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

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

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

Asst. Coach's Name \_\_\_\_\_ Certified: Yes No (circle one) 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 (circle one) Date \_\_\_\_\_