

Oregon High School Equestrian Teams, Inc.

Team Roster for Year: _____

District: _____ Team: _____ Date: _____

Name: _____	Athlete Number: _____
Address: _____	Competing: <input type="checkbox"/> Non-Competing: <input type="checkbox"/>
City,St,Zip: _____	HS Class: FR SO J SR (circle one)
_____	Year(s) in OHSET: New 2nd 3 4th (circle one)
_____	Cleared by School: Yes No (circle one)
Email: _____	Id # _____
Insurance Co: _____	Group # _____
Primary Insured: _____	

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