

**TWHYA Apprentice Certified Riding Instructor
Application**

Name _____

Address _____

Phone _____ Cell _____

Email _____

TWHBEA Member Number _____

Please provide a biography detailing your reasons for wanting to be certified and also previous horse experiences.

(Please keep a copy for your records.)

TWHBEA Youth Coordinator
Paulette Ewing
P.O. Box 286
Lewisburg, TN 37091