

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 Contact: _____ Contact's Phone: _____

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 _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____

Asst. Advisor's Name _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____

Head Coach's Name _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____

Asst. Coach's Name _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____

Other Name _____ Position: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____