

Oregon High School Equestrian Teams, Inc.
Team Roster for the Year of _____

District: _____ **Team:** _____ **Date:** _____

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