



The Gail Angell Memorial
Pre-approval Application

Name: _____ Age _____ (Must be under 21)

Address: _____

Phone: _____ Email: _____

Horses Name: _____ Age _____

Breed: _____ Gender _____ \

Years in Newda: (Must member at least 6 months prior to event) _____

VOLUNTEER HOURS: (Minimum of 6 hours)

Location: _____

Event Coordinator: _____ Date: _____ Hours: _____

Location: _____

Event Coordinator: _____ Date: _____ Hours: _____

NEWDA MEETINGS ATTENDED: (Minimum of 2 Meetings)

Location: _____ Date: _____

Location: _____ Date: _____

Riding History with Horse:

Please attach a minimum of 500 word essay on History and goals and desires to gain from clinics and training or a 3-5 minute video of yourself and your horse. Please Send application and essay or video to:

halfdrafthaven@yahoo.com

Barb Pendleton, W958 State Highway 96, Kaukauna, WI 54130