

ENDURANCE RIDE APPLICATION

PASO FINO HORSE ASSOCIATION, INC.

101 North Collins Street, Plant City, FL 33563-3311 (813) 719-7777 FAX (813) 719-7872 www.pfha.org

Horse's Name: _____

Registration Number: _____ Sex: _____

Owner's Name: _____ PFHA Membership #: _____

Rider's Name: _____ PFHA Membership #: _____

NAME OF TRAIL RIDE: _____

DATE OF RIDE: _____

Ride Manager's or Secretary's Signature _____

ENDURANCE RIDE ORGANIZATION: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-Mail _____

TOTAL MILES COMPLETED WITH FIT HORSE: _____ POINTS: _____

PLACEMENT FOR TIME FINISHED IN RIDE(if 1st thru 10th): _____ POINTS: _____

PLACEMENT FOR BEST CONDITION AWARD(if 1st thru 10th): _____ POINTS: _____

PLACEMENT FOR POST-RIDE VET CHECK -

OVERALL FINAL IMPRESSION SCORE: _____ POINTS: _____

TOTAL POINTS: _____

PFHA PRE-APPROVED ENDURANCE RIDE ORGANIZATIONS:

All Paso Fino Horse Association Regions(PFHA)

American Endurance Ride Conference (AERC)

Southeast Endurance Riders Assoc (SERA)

South Eastern Distance Riders Assoc(SEDRA)

Upper Midwest Endurance and Competitive Ride Assoc. ... (UMECRA)

NOTE: Please refer to Chapter Seven of the Paso Fino Horse Association Rule Book for rules governing Endurance Trail Rides.

OWNER'S SIGNATURE _____ Date: _____

Mail to PFHA Office posstmarked within twenty (20) days following the ride:

- 1) Completed application with appropriate signatures of Trail Ride Officials.
- 2) Copy of Completed Entry Form issued by Ride Management of Endurance Trail Ride.
- 3) Copy of Completed Endurance Trail Ride vet/ride book or scorecards issued by Ride Management.
- 4) \$10.00 Processing Fee Made Payable to Paso Fino Horse Association (PFHA).