

Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

COMPETITIVE TRAIL RIDE APPLICATION

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RIDER: Last Name:	First Nar	ne.		Middle Initial
	First Name: (Pending if new PFHA member) PFHA Region			
Address:		-	-gion	
City:	State	e: C	ountry:	Zip:
Home Phone:	Cell Phone:	·	Work Phone:	
Fax: E-Mail A			_ 1101101101101	
Rider's Signature:			Date:	(MM/DD/YYYY)
Rider 3 digitatore.			outc.	(14044) 22) 11111
HORSE THAT WAS RIDDEN:				
Horse's Name:		PFHA Re	egistration Numbe	r:
Sex of the Horse: Owner's Name:	I	Owner's		
Name of the Trail Ride:			Date of the Ride: $_$	(MM/DD/YYYY)
Trail Ride Organization:				
Address:				
City:	State	e: C	ountry:	Zip:
Phone:	Fax:	· ·		
TOTAL MILES COMPLETED WITH FIT HORSE:		F	POINTS:	<u></u>
FINAL OVERALL SCORE (Average if more th	an one score:	F		
PLACEMENT FROM VETERINARIAN JUDGE (II		F		
			POINTS:	
Name of the Ride Manager or Secretary: _				
Home Phone:				
Fax: E-Mail A				
I Mail A				
 Current PFHA members who participate in competitive trail rides on registered Paso Fino horses are eligible to apply for points for their horses for each successfully completed ride. Rides must be organized by organizations such as the North American Trail Ride Conference (NATRC) and must be sanctioned by PFHA. PFHA Pre-approved organizations: All Paso Fino Horse Association Regions (PFHA) (PFHA) (North American Trail Ride Conference (NATRC) (NATRC) (Date of the Conference (Date of the Conference (NATRC) (Dotatio Competitive Trail Ride Assoc (OCTRA) (Dotatio Competitive Trail Rides Association (SEDRA) PFHA awards the Competitive Trail Horse of the Year to the participant's horse with the most sanctioned points. Horse's points accrued in the program are applied toward Society of Merit Awards. 				
METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX				
Amount Paid \$	Clieck/Molley Of	dei i dydbie io i i ii	·	ASILICARD MANIEX
Card Number:	Evnire	rtion Dato:	Socurity Co	do:
Card Holder's Name:				
Card Holder's Address:	01.1		O	7.
Card Holder's City:				
Card Holder's Home Phone:				
Card Holder's Fax:	E-Mail Addre	ess:		
Card Holder's Signature:				
INSTRUCTIONS FOR PROCESSING THIS FORM: 1. This form is used to submit the PFHA member's points earned for completion of a competitive trail ride. 2. Form must be postmarked within twenty (20) days following the ride 3. In addition to this form complete with signatures of the Trail Ride Officials, submit a. A copy of the Completed Entry Form issued by the Ride Management of the Competitive Trail Ride b. A copy of the Completed Competitive Trail Ride vet/ride book or scorecards issued by Ride Management				

Mail this form and all items listed in 3. above to:

Paso Fino Horse Association, 1003 Twilight Trail Suite 2, Frankfort, KY 40601