



Paso Fino Horse Association, Incorporated

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

ENDURANCE RIDE APPLICATION

RIDER-- Last Name: _____ First Name: _____ Middle _____ Initial _____
 PFHA Membership Number: _____ (Or applied for if new PFHA member) PFHA Region _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____
 Rider's Signature: _____ Date: (MM/DD/YYYY)

HORSE THAT WAS RIDDEN:

Horse's Name: _____ PFHA Registration #: _____
 Sex of the Horse: _____ Owner's Name: _____ Owner's PFHA Membership #: _____
 Name of the Trail Ride: _____ Date of the Ride: _____ (MM/DD/YYYY)
 Endurance Ride Organization: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 TOTAL MILES COMPLETED WITH FIT HORSE: _____ POINTS: _____
 OVERALL FINAL IMPRESSION SCORE: _____ POINTS: _____
 TOTAL POINTS: _____
 Name of the Ride Manager or Secretary: _____ Signature: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____

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

- Current PFHA members who participate in endurance 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 that are sanctioned by PFHA. PFHA Pre-approved 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)
- PFHA awards the Endurance 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 \$ _____
 Card Number: _____ Expiration Date: _____ Security Code: _____
 Card Holder's Name: _____
 Card Holder's Address: _____
 Card Holder's City: _____ State: _____ Country: _____ Zip: _____
 Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Card Holder's Fax: _____ E-Mail Address: _____
 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 an endurance ride.
2. Form must be postmarked or faxed within 20 days of the ride EXCEPT in the case where the ride(s) occurs less than 20 days before the end of the PFHA year (August 31). In that case the paperwork must be postmarked or faxed with applicable fee no later than September 5th.
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 Endurance Trail Ride
 - b. A copy of the Completed Endurance Trail Ride vet/ride book or scorecards issued by Ride Management
 - c. \$10.00 processing fee
4. Mail this form and all items listed in 3. above to:

Paso Fino Horse Association,
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