

## Paso Fino Horse Association, Incorporated

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

## PLEASURE LONG DISTANCE TRAIL RIDE APPLICATION

RIDER:	<b></b>		
Last Name:			
PFHA Membership Number: (Pend	•	r) PFHA Region	
Address:			
City:	State:	Country:	Zip:
Home Phone: Cell Ph			
Fax: E-Mail Address: _			
Rider's Signature:		Date:	(MM/DD/YYYY)
HORSE THAT WAS RIDDEN:			
Horse's Name:		_ PFHA Registration Numb	er:
Sex of the Horse: Owner's Name:			ship Number:
Name of the Trail Ride:			(MM/DD/YYYY)
Trail Ride Organization:			
Address:			
City:			Zip:
Phone:			
TOTAL MILES RIDDEN:	POINTS:		
No. 11 of the Birth Manner of Constitution		<b>6.</b> I	
Name of the Ride Manager or Secretary: Cell Ph	hanai	Signature:	
		work Frione:	
Fax: E-Mail Address: _			
Please refer to Chapter Seven of the Paso Fino Horse Asso  1. Current PFHA members who participate in long distance horses for each successfully completed ride.  2. Rides must be organized by organizations that are must All Paso Fino Horse Association Regions (PFHA) Front Range Pasos (Front Rang Somerset Co. Horse & Pony Assoc (SCHPA) South Creek Fox Hounds All 10 to 20 mile training rides run in conjunction with Ar All Club/Fun Rides of ten (10) or more miles if pre-appro  3. PFHA awards the Competitive Trail Horse of the Year to be program are applied toward Society of Merit Awards.  METHOD OF PAYMENT: (Do Not send cash.)   Che	te trail rides on registered Pa t be sanctioned by PFHA. PF The Biltmore Saddle ge) North Minnesota Arc Tennessee Horse Co Ride and Tie Organi merican Endurance Ride Co oved by PFHA (10) or more b the participant's horse with	HA Pre-approved organization is a Bridle Club (Biltmation Horse Assoc (NM buncil (Terization onference Competitions	ons: one) AHA) nnessee)(AERC). e date. Horse's points accrued in the
Amount Paid \$	. ,		
Card Number:	Expiration Date:	Security (	Code:
Card Holder's Name:	,		
Card Holder's Address:			
Card Holder's City:		Country:	Zip:
Card Holder's Home Phone:			
Card Holder's Fax:			
Card Holder's Signature:			
<ol> <li>INSTRUCTIONS FOR PROCESSING THIS FORM:</li> <li>This form is used to submit the PFHA member's points</li> <li>Form must be postmarked within twenty (20) days foll</li> <li>In addition to this form complete with signatures of the</li> </ol>	earned for completion of a	pleasure long distance trail	ride.
a. \$10.00 processing fee  4. Mail this form and all items listed in 3. above to: Paso Fino Horse Association,  1003 Twilight Trail Suite 2, Frankfort, KY 40601	llowing the ride	71070 001110	enience fee on all credit card s will be applied