



APAHA Adult Amateur High Point Program  
2017 Rider Application Form  
Presented by Markel Insurance



This program is **ONLY** for Adult Amateur Owners

RIDER NAME: \_\_\_\_\_

HORSE NAME & REGISTRATION NUMBER: \_\_\_\_\_

HORSE NAME & REGISTRATION NUMBER: \_\_\_\_\_

HORSE NAME & REGISTRATION NUMBER: \_\_\_\_\_

HORSE NAME & REGISTRATION NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you show in Equitation? If Yes what classes: \_\_\_\_\_

Are you a current APAHA member? YES \_\_\_\_\_ NO \_\_\_\_\_  
AHA Number \_\_\_\_\_

If not, you may attach an APAHA Membership application with payment to receive the reduced price.

Is an APAHA Membership Form Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ \$100 APAHA Member \_\_\_\_\_ \$150 Non APAHA Member

\_\_\_\_\_  
*Applicant/Rider's Signature*      *Date*

\_\_\_\_\_  
*APAHA Signature*                      *Date*

Please mail form and check made out to APAHA:

Michelle Pease-Paulsen 2628 171<sup>st</sup> Ave E Lake Tapps, WA 98391 253-279-5995 cell