



APAHA Adult Amateur High Point Program 2019 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: _____

What region do you reside in? _____

Please check which discipline (s) you show in:

- English Western Hunter Halter Working Western Equitation Specialty show hack, costume & driving

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 15505 50th Ave E. Tacoma WA 98446 253-279-5995 cell