

2008 Official APHA Trail Ride Reservation Form



American Paint Horse Association

P.O. Box 961023 • Fort Worth, Texas 76161
 (817) 834-APHA (2742) • Fax (817) 222-8489
 www.apha.com/trailrides • trailrides@apha.com

I wish to attend the following ride(s):

		Members 13 & Over	Non-member 13 & Over
Weekend Rides			
<input type="checkbox"/> March 14-16, 2008	Rancho Oso, Santa Barbara California	\$165	\$215
<input type="checkbox"/> April 11-13, 2008	Horse Heaven Ranch, Talihina, Oklahoma	\$125	\$175
<input type="checkbox"/> May 9-11, 2008	East Fork Resort, Jamestown, Tennessee	\$130	\$180
Longer Rides			
<input type="checkbox"/> September 1-6, 2008	Fort Robinson State Park, Crawford, Nebraska	\$475	\$575

Please visit www.apha.com/trailrides for an up-to-date listing and details of the rides offered.

Name: _____ APHA ID number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

I would like to save money on this ride by becoming an APHA member. Annual regular membership is \$35.

Join Ride America with your trail ride reservation and take advantage of earning double hours while participating in an APHA ride. Enrollment fee is \$25 per horse/rider combination.

Registered Name of Horse: _____ APHA Reg. No.: _____

Rider of horse listed above: _____ APHA I.D. No.: _____

Guests

Nonriding guests are included at the same rate as riders. Please indicate age if guest is under 19. **Include all addresses.**

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

A deposit fee of \$25 for weekend rides/\$75 for Longer Rides must accompany the reservation form.

Total ride fees must be paid by no later than thirty (30) days prior to the first day of the ride.

	Number Attending	Complete Ride Fee	Ride Deposit	Amount Enclosed
Weekend Ride (see above for ride fee)				
APHA Members (aged 13 & older)	_____	x _____ or	\$25	_____
Non-Members (aged 13 & older)	_____	x _____ or	\$25	_____
Longer Ride (see above for ride fee)				
APHA Members (aged 13 & older)	_____	x _____ or	\$75	_____
Non-Members (aged 13 & older)	_____	x _____ or	\$75	_____
APHA Membership	_____	x \$35		_____
Ride America Enrollment	_____	x \$25		_____

Reserve your spot with the specified deposit. Participation on each ride may be limited based on the facility, so mail early (reservations will be accepted on a first-come, first-served basis.) If paying by credit card, reservation can be faxed to (817)-222-8470.

Cancellation Policy:
 Requests for a full refund must be received, in writing, no less than thirty (30) days prior to the ride start date. If received less than fourteen (14) days prior to the ride, fees will be nonrefundable. All requests will be considered based on the postmark date of the request.

TOTAL ENCLOSED:

Payment: Check or money order enclosed, or charge my MasterCard or Visa. If paying by credit card, please complete the following.
If paying by check, your check may be converted to an electronic funds transfer.

Card No.: _____ Exp. date: _____

Name of Cardholder: _____ APHA ID No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ E-mail: _____

Signature: _____