

2012 Official APHA Trail Ride Reservation Form



American Paint Horse Association

P.O. Box 961023 ♦ Fort Worth, Texas 76161
 (817) 834-APHA (2742) ♦ Fax (817) 222-8470
www.apha.com/trailrides ♦ trailrides@apha.com

I wish to attend the Fort Robinson Trail Ride

Members
13 & Over

Non-member
13 & Over

September 3-8, 2012 Fort Robinson State Park, Crawford, Nebraska

\$500

\$600

Please visit www.apha.com/trailrides for details of the ride.

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 \$40.

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. Visit www.apha.com/rideamerica for program specifics.

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

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

Housing/stalling will be provided at time of check-in. Housing is normally double occupancy. Stalling is limited to one horse per rider.

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 \$75 for each rider must accompany the reservation form.
 Total ride fees must be paid by no later than August 1.

	Number Attending	Complete Ride Fee	Ride Deposit	Amount Enclosed
APHA Members (aged 13 & older)	_____ x	\$500 or	\$75	_____
Non-Members (aged 13 & older)	_____ x	\$600 or	\$75	_____
APHA Membership	_____ x	\$40		_____
Ride America Enrollment	_____ x	\$25		_____

TOTAL ENCLOSED: _____

Reserve your spot with the specified deposit. Participation on the ride may be limited 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) 222-8458.

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.

Payment: Check or money order enclosed, or charge my MasterCard Visa American Express.

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: _____ CVV#: _____

Name of Cardholder: _____ APHA ID No.: _____

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

Daytime phone: _____ E-mail: _____

Signature: _____