

# 2010 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](http://www.apha.com/trailrides) • [trailrides@apha.com](mailto:trailrides@apha.com)

### I wish to attend the Fort Robinson Trail Ride

Members 13 & Over	Non-member 13 & Over
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#### Longer Rides

<input type="checkbox"/> September 6-11, 2010	Fort Robinson State Park, Crawford, Nebraska	\$500	\$600
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Please visit [www.apha.com/trailrides](http://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](http://www.apha.com/rideamerica) for program specifics.

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 \$75 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
APHA Members (aged 13 & older)	_____	x \$500	or	\$75	_____
Non-Members (aged 13 & older)	_____	x \$500	or	\$75	_____
<b>APHA Membership</b>	_____	x \$40			_____
<b>Ride America Enrollment</b>	_____	x \$25			_____

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: \_\_\_\_\_