



American Saddlebred Horse

Association Of Virginia, Inc.

EQUITATION RECORDING APPLICATION

Equitation Division: _____

Academy Division: Walk/Trot _____ Walk/Trot Canter _____

Adult Rider _____

Youth Rider & Age: _____ **Instructor:** _____

Address: _____

*****Email:** _____

Phone: _____

****Must be a current ASHAV Member to participate****

****\$10.00 Annually per Division for Virginia & West Virginia Residents**

NOTE: No points will be accumulated until rider is recorded.

I hereby certify the above information to be correct and that I am the:

Rider _____

Parent _____

Instructor _____

Signature _____

Mail To: ASHAV High Point Register
Carol S. Reedy
1617 Maiden Lane, SW
Roanoke, VA 24015