



American Saddlebred Horse Association of Virginia

## 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\*\***

**\*\* \$15.00 Annually for Virginia and West Virginia Residents per Division**

**NOTE: No Points will be accumulated until recorded.**

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

Rider \_\_\_\_\_

Parent \_\_\_\_\_

Instructor \_\_\_\_\_

Mail to: ASHAV High Point Register

Carol S. Reedy

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