



American Saddlebred Horse Association of Virginia

## Recording Application

Name of Horse: \_\_\_\_\_

Owner: \_\_\_\_\_

Registration # \_\_\_\_\_

Rider: \_\_\_\_\_ Trainer/Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Divisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:

Owner/Rider \_\_\_\_\_

Agent/Trainer \_\_\_\_\_

Mail to: ASHAV High Point Register

Carol S. Reedy

1617 Maiden Lane, SW

Roanoke, VA 24015