



ASHAV RECORDING APPLICATION

To complete the Recording Application, please fill out the attached forms and mail to:

**ASHAV High Points Awards
Carol Reedy
1617 Maiden Lane S.W.
Roanoke, VA 24015**

RECORDING APPLICATION

NAME OF HORSE			REGISTRATION NUMBER		
DATE FOALED					
NAME OF RIDER					
* DIVISION(S)					
OWNER			AGENT/TRAINER		
OWNER STREET ADDRESS			AGENT/TRAINER STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
OWNER PHONE			AGENT/TRAINER PHONE		

- * MUST BE A CURRENT ASHAV MEMBER TO PARTICIPATE
 - ** **\$25.00 Annually per Division for Out of State Residents**
 - *** \$10.00 Annually per Division for Virginia and West Virginia Residents
- See Page 2 for Recording Equitation Riders in Equitation Division.

I hereby certify that the above statements are correct and that I am the .

OWNER
TRAINER

of the above animal.

SIGNATURE	DATE



ASHAV RECORDING APPLICATION

EQUITATION DIVISION

RIDER		INSTRUCTOR	
NAME OF HORSE			
RIDER STREET ADDRESS		INSTRUCTOR STREET ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP
RIDER PHONE		INSTRUCTOR PHONE	
DATE OF BIRTH OF RIDER	AGE OF RIDER		

* \$10.00 Annually per Rider for Virginia and West Virginia Residents entered into the Equitation Division.

** \$25.00 Annually per Rider for Out of State Residents entered into the Equitation Division

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

I hereby certify that the above statements are correct and that I am the:

RIDER	
PARENT	
INSTRUCTOR	
SIGNATURE	DATE

Mail To: ASHAV High Points Awards
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Roanoke, Virginia 24015

(540) 982-0581