



American Saddlebred Horse

Association Of Virginia, Inc.

RECORDING APPLICATION

Name of Horse: _____

Owner: _____

Registration # _____

Rider: _____ Trainer/Agent: _____

Address: _____

EMAIL: _____ Phone #: _____

Divisions: _____

****Must a current ASHAV member to participate****

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

NOTE: No points will be accumulated until recorded.

See back for Recording Equitation Riders

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