

ENDURANCE RIDE APPLICATION

PASO FINO HORSE ASSOCIATION, INC.

101 North Collins Street, Plant City, FL 33566-3311 (813) 719-7777 FAX (813) 719-7872 www.pfha.org

Horse's Name: _____

Registration Number: _____ Sex: _____

Owner's Name: _____ PFHA Membership #: _____

Rider's Name: _____ PFHA Membership #: _____

NAME OF TRAIL RIDE: _____

DATE OF RIDE: _____

Ride Manager's or Secretary's Signature _____

ENDURANCE RIDE ORGANIZATION: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ E-Mail _____

TOTAL MILES COMPLETED WITH FIT HORSE: _____ POINTS: _____

PLACEMENT FOR TIME FINISHED IN RIDE: _____ POINTS: _____

PLACEMENT FOR BEST CONDITION AWARD: _____ POINTS: _____

PLACEMENT FOR POST-RIDE VET CHECK -

OVERALL IMPRESSION SCORE: _____ POINTS: _____

PFHA PRE-APPROVED ENDURANCE RIDE ORGANIZATIONS:

All Paso Fino Horse Association Regions (PFHA)

American Endurance Ride Conference(AERC)

Southeast Endurance Riders Assoc(SERA)

South Eastern Distance Riders Assoc(SEDRA)

NOTE: Please refer to Chapter Seven of the Paso Fino Horse Association Rule Book for rules governing Endurance Trail Rides.

OWNER'S SIGNATURE _____ Date: _____

Mail to PFHA Office within ten (10) days following the ride:

- 1) Completed application with appropriate signatures of Trail Ride Officials.
- 2) Copy of Completed Entry Form issued by Ride Management of Endurance Trail Ride.
- 3) Copy of Completed Endurance Trail Ride vet/ride book or scorecards issued by Ride Management.
- 4) \$10.00 Processing Fee Made Payable to Paso Fino Horse Association (PFHA).