Official Registration Form

2010 AHA Trail Ride at Fort Robinson State Park, Crawford, Nebraska, September 15-19, 2010

Participant Name: _____ AHA Membership Number: _____

Address: _____City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ E-mail: _____

___ I will be participating as a **rider** (one stall will be available for your horse-all horses must be in stalls, no exceptions)

___ I will be participating as a **non-rider**

Preferences

Although we cannot guarantee accommodating all preferences, we will do our best to ensure your comfort in these areas:

Housing

I would like to room with: (Note: Each guest must submit an individual registration form)

Guest #1_____	(please circle)	**spouse**	**child**	**other**
Guest #2_____	(please circle)	**spouse**	**child**	**other**
Guest #3_____	(please circle)	**spouse**	**child**	**other**
Guest #4_____	(please circle)	**spouse**	**child**	**other**

Stabling

I would like my horses to be stabled near: **(one stall will be available for your horse—all horses must be in stalls, no exceptions)**

Guest #1_____

Guest #2_____

Guest #3_____

Guest #4_____

Payment Information

Cost: (riders & non-riders)
$455 AHA Member rate
$555 Non-Member rate

PLEASE ENCLOSE:
( ) REGISTRATION FORM FOR EACH PARTICIPANT
( ) SIGNED LIABILITY RELEASE FOR EACH PARTICIPANT
( ) PAYMENT

( ) I understand the following:

- 50% deposit or full payment due with registration form
- Remaining balance due by June 30th
- Cancellations due by June 30th ($100 cancellation fee)
- **NO REFUNDS** after June 30th

( ) Check or money order payable to **Region 6** enclosed or

( ) Charge my MasterCard/Visa/Amex/Discover

If paying by credit card, please complete the following:

Total Due $_____

Total Enclosed $_____

Reservations are accepted on a first come, first served basis. Space is limited to the first 120 participants!!

Please charge my credit card: ( ) 50% deposit per person = $_____ ( ) Total Amount $_____

Credit Card Number: _____ Exp. Date: _____/_____

Name of Cardholder: _____

Billing Address: _____ City: _____State:_____ Zip: _____

Daytime Phone: _____ E-mail: _____

Signature: _____

Payment Processing Policy: In the event that your check or credit card is returned for insufficient funds or unable to be processed, you may forfeit your application.

Please mail or fax with Liability Release Agreement and Payment to Region 6

Fort Robinson Rec Ride Attn Claude & Cherri Clark
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Claude Clark 406-581-0232 • Cheri Clark 406.581.6858 • Fax 406.388.7498
showringcc@aol.com