



Region 14

Recreational Riding Program Registration Form

Please complete the form below in it's entirety and forward this form, a \$25 check made out to AHA Region, and a copy of your horse's registration papers for each horse/rider team entered into the program.

Rider Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Email Address _____

Rider AHA Number _____ Shirt Size ___ S ___ M ___ L ___ XL ___ 2XL

Horse's Registered Name _____ Foal Date _____

Barn Name _____ Registration Number _____

Please mail this completed form, a check for \$25 made out to AHA Region 14, and a copy of your horse's registration papers to:

Mollie Krumlaw-Smith
7335 Haverhill Lane
Maineville, OH 45039

Questions:

Contact Mollie at:

513.315.5907 (cell)
mkrumlaw@webcincy.com

Please read program rules thoroughly before entering the program. For current program rules please visit the AHA Region 14 website. www.aha14.com