



## HORSEBACK RIDING PROGRAM APPLICATION FORM

Please complete this form in its entirety, sign and return to the AQHA

**Name:** .....

**Address:** .....

**Phone:** .....

**Email:** .....

**AQHA M/Ship #** .....

I, the undersigned, hereby agree to abide by the rules of the AQHA Horseback Riding Program and I hereby declare that I do not participate in any equine competitive events.

**Signature of applicant:** .....

**Date:** .....

AUSTRALIAN  
*Quarter Horse*  
ASSOCIATION