

S-BRAA REGIONAL POINT REGISTRATION

HORSE _____ **ApHC** _____

AGE _____ **SEX M/ G/ S**

OWNER _____ **ApHC** _____

ADDRESS _____

PHONE _____ **CELL** _____

E-MAIL _____

(CHECK APPROPRIATE DIVISION)

NON-PRO

_____ **ApHC** _____

NOVICE _____ **35 & OVER** _____ **50 & OVER** _____

YOUTH _____ **AYA** _____

AGE JAN.1 _____ **BIRTHDAY** ____/____/____

LEADLINE _____ **WALK/TROT** _____ **NOVICE** _____

13 & UNDER _____ **14-18** _____

FEES: HORSE \$15.00 _____

NON-PRO \$15.00 _____

YOUTH \$15.00 _____

TOTAL _____

SEND A COPY OF REGISTRATION PAPERS WITH FEES TO:

**JO WRIGHT
3991 COLUMBIA RD
GORDONSVILLE, VA 22942**

540-832-3789

EMAIL ----- KICK-N-BACK-RANCH@JUNO.COM