

ENROLLMENT APPLICATION — ASR SPORT HORSE INCENTIVE PROGRAM

Owner's Name: _____ ASHA #: _____ ¹

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Registered Name of Horse: _____

Registered with American Saddlebred Registry or with Half Saddlebred Registry ²

Registration # _____

Please enroll the above-listed horse in the following discipline(s):

Dressage Hunters Jumpers Combined Driving
Pleasure Driving Reining Eventing Distance Riding

The enrollment fee is \$150 per competition year (December 1 – November 30). Return the completed enrollment form and the enrollment fee, payable to the ASR at: 4083 Iron Works Parkway, Lexington, KY 40511 or FAX to 859-259-1628.

Method of Payment: Check Credit Card (Visa, MasterCard, Discover)

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

By enrolling this horse in the Program, I acknowledge that I have read and understand the provisions of the Program and I agree to abide by the eligibility rules of the Program and the rules and regulations of the ASR and HSRA.

Signature: _____ Owner / Agent (circle one)

¹ To participate in this Program, owner must be a current member in good standing of the ASHA. Applications for membership may be submitted concurrently with this enrollment application.

² To participate in this Program, purebred Saddlebred horses must be registered with the ASR and half-Saddlebreds must be registered with the HSRA. Applications for registration may be submitted concurrently with this enrollment application.



Please return form to:
American Saddlebred Registry
4083 Iron Works Parkway, Lexington, KY 40511
(859) 259-2742 • (859) 259-1628