



ASHA SADDLE TIME RIDING PROGRAM APPLICATION

American Saddlebred Horse Association • 4093 Iron Works Parkway • Lexington, KY 40511
(859) 259-2742 • FAX (859) 259-1628 • E-mail saddlebred@asha.net

Rider Information

Name: _____

Address: _____

Telephone: _____ E-mail: _____

ASHA Number (must be current member): _____

Enrollment Fees

	Fees	Amount Paid
Levels One through Three	\$20.00	\$ _____
Levels Four through Six	\$20.00	\$ _____
TOTAL ENCLOSED		\$ _____

Method of Payment

Check Payable to ASHA, Mastercard or Visa.

Credit Card Number: _____ Exp. Date: _____

Print Name: _____

Signature: _____ Date: _____