



# ASHAV RECORDING APPLICATION

To complete the Recording Application, please fill out the attached forms and mail to:

**ASHAV High Points Awards**  
**Carol Reedy**  
**1617 Maiden Lane S.W.**  
**Roanoke, VA 24015**

## RECORDING APPLICATION

|                      |       |     |                              |       |     |
|----------------------|-------|-----|------------------------------|-------|-----|
| NAME OF HORSE        |       |     | REGISTRATION NUMBER          |       |     |
| DATE FOALD           |       |     |                              |       |     |
| NAME OF RIDER        |       |     |                              |       |     |
| * DIVISION(S)        |       |     |                              |       |     |
|                      |       |     |                              |       |     |
| OWNER                |       |     | AGENT/TRAINER                |       |     |
| OWNER STREET ADDRESS |       |     | AGENT/TRAINER STREET ADDRESS |       |     |
| CITY                 | STATE | ZIP | CITY                         | STATE | ZIP |
| OWNER PHONE          |       |     | AGENT/TRAINER PHONE          |       |     |

\* MUST BE A CURRENT ASHAV MEMBER TO PARTICIPATE

\*\* **\$25.00 Annually per Division for Out of State Residents**

\*\*\* \$10.00 Annually per Division for Virginia and West Virginia Residents

See Page 2 for Recording Equitation Riders in Equitation Division.

I hereby certify that the above statements are correct and that I am the .

OWNER

TRAINER

of the above animal.

SIGNATURE

DATE



# ASHAV RECORDING APPLICATION

## EQUITATION DIVISION

|                        |              |                           |      |       |     |
|------------------------|--------------|---------------------------|------|-------|-----|
| RIDER                  |              | INSTRUCTOR                |      |       |     |
| NAME OF HORSE          |              |                           |      |       |     |
| RIDER STREET ADDRESS   |              | INSTRUCTOR STREET ADDRESS |      |       |     |
| CITY                   | STATE        | ZIP                       | CITY | STATE | ZIP |
| RIDER PHONE            |              | INSTRUCTOR PHONE          |      |       |     |
| DATE OF BIRTH OF RIDER | AGE OF RIDER |                           |      |       |     |

\* \$10.00 Annually per Rider for Virginia and West Virginia Residents entered into the Equitation Division.

\*\* \$25.00 Annually per Rider for Out of State Residents entered into the Equitation Division

**NOTE:** No points will be accumulated until rider is recorded.

I hereby certify that the above statements are correct and that I am the:

|            |      |
|------------|------|
| RIDER      |      |
| PARENT     |      |
| INSTRUCTOR |      |
|            |      |
| SIGNATURE  | DATE |

**Mail To:** ASHAV High Points Awards  
Carol Reedy  
1617 Maiden Lane, S.W.  
Roanoke, Virginia 24015  
  
(540) 982-0581