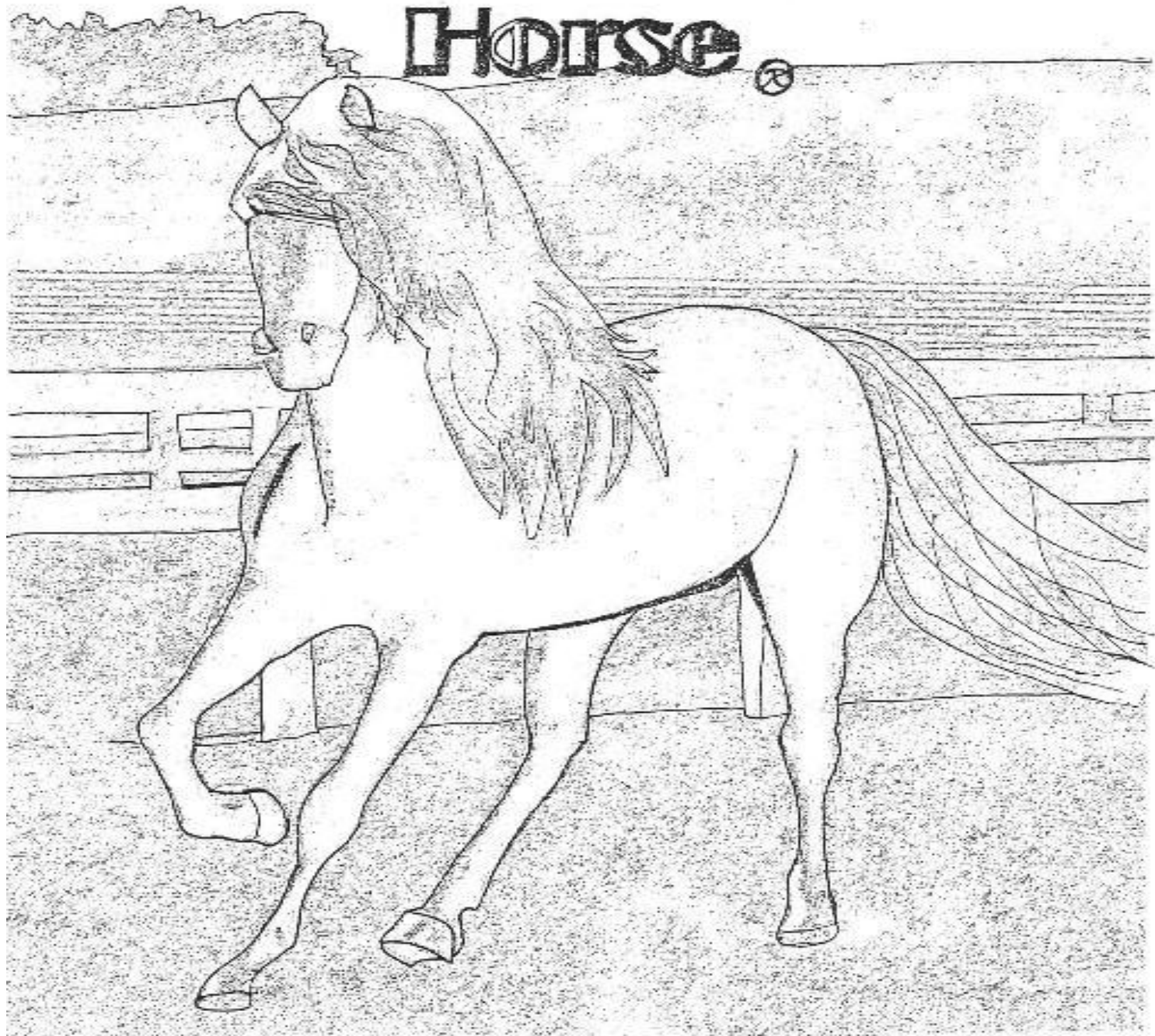


# The Rocky Mountain Horse®



Your Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Please color, fill out the above requested information and send to:  
RMHA Headquarters  
4037 Ironworks Parkway, Suite 160  
Lexington, KY 40511