

# Rocky Mountain Rated Trail Program Rider's card application

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Current RMHA membership # \_\_\_\_\_ Exp date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last name First Name Middle Initial

Address: \_\_\_\_\_  
Street address

\_\_\_\_\_ City State Zip code

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Age as of January 1: \_\_\_\_\_ DOB: \_\_\_\_\_

General Division \$20 \_\_\_\_\_ Senior Division \$20 \_\_\_\_\_ (ages 62 & over optional)

Juvenile Division \$10 \_\_\_\_\_ (\*17 and under)

\*(Requires parent's/legal guardian's signature of responsibility- see below)

I, the undersigned, have read and understand the rules for participation in the Rocky Mountain Rated Trail Program. By signing below, I agree to abide by the rules and regulations of this program.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
\*Signature of parent/legal guardian responsible for youth participant

Forward completed application and all fees to:

RMHA Headquarters  
4037 Iron Works Parkway, Suite 160  
Lexington, KY 40511  
859.243.0260

For official use only

Fee paid \$ \_\_\_\_\_

Rider Card # \_\_\_\_\_