

RMHA TRAIL MILEAGE PROGRAM ENROLLMENT FORM

Please fill out and return to the RMHA

Year of enrollment _____

Enclose \$20.00 yearly enrollment

I will be using ONE horse for my mileage _____

I will be using MORE THAN ONE horse for my mileage _____

I am participating in the
Trail Buddy promotion and
have been referred by:

(expires May 31, 2017)

Name of horse _____

RMHA Registration # _____

Name of horse _____

RMHA Registration # _____

Name of horse _____

RMHA Registration # _____

Name of horse _____

RMHA Registration # _____

Name of owner of horse (if different than participant) _____

Name of participant _____

RMHA Member # _____

Address _____

City _____ Country _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Signature _____ Date _____

Inactive records will be kept for a maximum of two years. After two years inactive, records will be deactivated and mileage will be forfeited.