

PHBA TRAIL RIDE REGISTRATION FORM

YOUR TRAIL RIDE NAME HERE

Please complete a separate registration form for each rider. Make copies as needed for multiple riders in your party. All riders under 18 years of age must be accompanied by a parent or legal guardian.

A non-refundable registration fee of \$ _____ must accompany this form. The first _____ applications will be accepted on a first come, first served basis.

Name _____ Age _____
(Last Name, First) (if under 18)

Address _____

City _____ State _____ Zip _____

Telephone _____
(daytime) (evening) (cell)

E-Mail _____

I have read and understood the rules, regulations, conditions and fees of the _____ Trail ride, and agree to abide by them.

Signature _____ **Date** _____

Signature of legal guardian, if participant is under 18 years of age.

Guardian Name _____

Guardian Signature _____

Telephone _____
(daytime) (evening)

Check or Money Order _____ Visa _____ MasterCard _____

Card Number _____

Exp. Date _____ Last three digits on back of card _____

Name as it appears on card _____

Signature _____

Mail Registration To:

(Trail Ride Name Here)

(Trail ride contact information here)