

# Application to Host a Regional Club Trail Ride



## American Paint Horse Association

122 E. Exchange Ave., Suite 420 • Fort Worth, Texas 76164  
(817) 834-2742 • Fax: (817) 834-3152  
apha.com/trailrides

Hosting an APHA-approved trail ride can unite your regional club members while also helping fulfill your club's annual activity requirements to maintain your club charter.

### Instructions:

- Fill out this form.
- Return to APHA with payment details:  
APHA Trail Rides  
122 E. Exchange Ave., Suite 420  
Fort Worth, TX 76164

APHA will publish information about your trail ride as publication schedules permit, if received in time.

### Remember:

- The ride must be coordinated by a regional club in good standing with APHA.
- The trail ride coordinator must be an APHA member in good standing.
- The ride dates must be approved by APHA.
- The ride must have a minimum of 10 riders to qualify as a recognized ride.
- The ride must be open to all breeds, horse or mule.
- The ride must consist of a minimum of two (2) hours ride time.
- There will be no limits on distance from other regional clubs' trail rides or shows on the same dates.
- Insurance and liability are recommended and are the responsibility of the regional club.
- The regional club should obtain written permission of the landowner if the ride is to be held on private property. Proper permits must be obtained if the ride is to be held on state or federal land.
- The regional club must secure a liability release and registration form from each rider\ non-rider.\*

**Payment must accompany any work submitted to APHA. By providing payment details, I am authorizing all charges necessary to complete this work.**

### Please print the following information:

Name of Ride: \_\_\_\_\_

Dates for Ride: \_\_\_\_\_

Location: \_\_\_\_\_

Sponsoring Regional Club: \_\_\_\_\_

Meals provided:    yes    no

Lodging/RV hook-ups: \_\_\_\_\_

Description of trails: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions to the ride: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trail Ride Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Regional Club Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Regional Club Sponsor Signature: **X** \_\_\_\_\_

Trail Ride Coordinator Signature: **X** \_\_\_\_\_

### Method of Payment

**Application Fee: \$29**

Check or Money Order enclosed (**Do not send cash**)

If you pay by check, your check may be converted into an electronic funds transfer.

Or charge my    MasterCard    Visa    American Express

Credit card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

APHA Member ID #: \_\_\_\_\_

Signature: **X** \_\_\_\_\_