



## KCRFTHA Trail Ride Nomination Form

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Date rec. \_\_\_\_\_ (office use)

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

What division are you nominating in? Horse \_\_\_\_\_ Rider \_\_\_\_\_

**Horse Division:** Name of Horse \_\_\_\_\_

**Rider Division:** Name of Rider \_\_\_\_\_

MFTHBA Reg. No. \_\_\_\_\_ Date Rider Joined KCRFTHA \_\_\_\_\_

Horse's DOB \_\_\_\_\_ Years owned \_\_\_\_\_ Rider Age (Youth 17& under) \_\_\_\_\_

Use reverse if nominating addl. horses

**Horse Nomination Fee:** \$10.00 (1st horse)  
(Additional. horses: \$5.00 ea.)

**Rider Nomination Fee:** \$10.00 (per rider)

IF SPOUSE OR OTHER FAMILY MEMBER ATTENDS BUT DOES NOT RIDE, ENTER THEIR NAME  
HERE \_\_\_\_\_ (Information is used for Camp Fire Dog award)

### **DEADLINE FOR ENTRIES: MAY 15**

Rides prior to this date count toward year end.

Nominations received after May 15 count from date of nominating.

**Return this portion to: Elliott Harris  
118 Milwaukee  
Lawson, MO 64062**

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### **Trail Ride Nomination**

### **Payment Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Date rec. \_\_\_\_\_ (office use)

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

Number of horses nominated: \_\_\_\_\_  
(\$10 for 1<sup>st</sup> horse, additional horses \$5)

Rider Nominated: \_\_\_\_\_ (yes/no)  
(\$10 to nominate rider)

Amount enclosed \_\_\_\_\_

**Return this portion to: Susan Breau  
12708 E. Brockview  
Peculiar, Mo. 64078**

