



Horseback Riding Program 2010

YES! Please enroll me in the IQHA Horseback Riding Program!

Year: _____ (note that enrollment is on an annual basis)

Division (check one or both):

_____ AQHA - \$15

_____ Other Breeds - \$15

Rider Category:

_____ Adult (19+)

_____ Youth (18 & Under)

_____ I currently have an IQHA or IQHYA membership.

_____ I do not have a current IQHA/IQHYA membership, but would like to join – please complete a Membership form for either IQHA or IQHYA. (Membership is required for participation)

I enroll in this program at my own risk and subject to the rules of the Horseback Riding Program. I agree that I will be doing this riding/driving on my own time and logging the hours and locations at which I have ridden/driven. In case of loss or injury involving either the horse or rider/driver while I am riding/driving, I will make no claim whatsoever, against this program, any individual connected with it, or Iowa Quarter Horse Association.

Dated _____ Signature _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Total Enclosed for HBR enrollment/Membership: _____ (do not send cash)

Mail to: IQHA HBR Program
Holly Benton
6124 180th Street
Ocheyedan, IA 51354

Questions? Contact Holly at: (515) 460-4463, or e-mail hbenton@headlinersmd.com