American Saddlebred Horse Association of Ohio, Inc



Academy Membership Form

www.OhioSaddlebred.com

Year 2024

Mail to: Stacey Bare 6395 Lafayette Rd Medina, OH 44256

Academy Riders, each \$15

Date:		Type of Membership:	ACADEMY
Name:	Email:		
Address:	City:	State:	
Postal Code: Phone:		Mobile:	
NOTE: You must show at three (3) ASHAO ASHAO Horse Show Counts as 2 sh		WS to qualify for HIGH-POINT AV	WARDS. The
To register your rider(s) for HIGH-POINT	AWARDS, please fill	out the information below:	
For Academy Youth Riders: New requirer December 1, 2023.	ment – Date of Birth	(DOB) Age is considered your c	hild's age on
Rider:	DO	B:	
Rider:		B:	
	Instructor:		
Date: Check # or F	PayPal:	Amount:	

PayPal to ashaohio@gmail.com