



## Registration Form

Applicant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Horse Information:

ASHA/SSHR Horse's Name \_\_\_\_\_

ASHA/SSHR Horse's Registration # \_\_\_\_\_

Horse Owner's Name \_\_\_\_\_

*List additional horses on back.*

Please send the complete form to:

Adam or Tabetha Geertz  
534 75<sup>th</sup> Avenue  
New Boston, IL 61272

-or-

[arg81512@gmail.com](mailto:arg81512@gmail.com)