



**ARKANSAS TRAIL RIDERS ASSOCIATION, INC.  
MILEAGE AWARDS PROGRAM ENROLLMENT FORM**

Renewal due January 1 each year

Rider Name: \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Rider Fee Enclosed (\$4.00) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mark New \_\_\_\_\_ Renewal \_\_\_\_\_

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Horse's Name \_\_\_\_\_ ~ \_\_\_\_\_

Breed and/or Registration Number \_\_\_\_\_

Color or Horse \_\_\_\_\_ Age \_\_ Sex \_ Height \_

If different from rider:

Owner/Leasor \_\_\_\_\_ +- \_\_\_\_\_

Address \_\_\_\_\_

Horse Fee Enclosed (\$3.00) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mark New \_\_\_\_\_ Renewal \_\_\_\_\_

Mail application with check payable to: **ATRA**  
or  
**Arkansas Trail Riders Assoc. Inc.**

Mail application & checks to ATRA Treasurer:  
Barbara Penney, 29415 Penney Lane, Roland, AR 72135