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 _____

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:
Robert Jenner, P.O. Box 111, Enola, AR 72047-0111