



ACAAP

Enrollment Form

Horse's Registered Name _____ Registration Number _____

Your Name _____ Year Applying _____ ApHC Membership # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Telephone _____

Owner _____ ApHC Membership # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Telephone _____

Enrollment fee \$25 (current members) • \$50 (non-members)

Form of Payment Check/Money Order Visa Master Card Discover

Card # _____ Expiration Date _____

Cardholder Name _____

Cardholder Address _____

Cardholder Phone Number _____

Cardholder Membership Number _____

Cardholder Signature _____

"I understand and agree to the rules and requirements of the Appaloosa Competitive All-Breed Activities Program. Further, I understand that I must have the ACAAP enrollment card and exhibitor form in my possession prior to competing in and ApHC-approved ACAAP event."

Owner's Signature _____ Date _____

Notice: ACAAP enrollment is valid for one calendar year from January 1 through December 31. Any member, non-member or exhibitor who gives false information to the ApHC may be subject to disciplinary action (see the *Official Handbook of the ApHC*) and may be denied privileges of the program and/or the ApHC.

Please Return to:

Appaloosa Horse Club, Inc.

2720 W Pullman Rd • Moscow, ID 83843 • (208) 882-5578 ext. 224

acaap@appaloosa.com • <http://www.appaloosa.com>