

VERSATILTY PROGRAM ENROLLMENT FORM

ENROLLMENT YEAR	
Adult Youth	
Name of participant	Membership No
Address	
City	
State	ZIP code
Country	Home phone
Cell phone	E-mail
Signature	
By signing above, I am stating that my horse(s) is/are Horse Association's standards. I have a current Participating membership application with the appropriate fees. Current m upgrade their membership for the difference in cost.	Membership with the RMHA or I am including a
Name of HorseN	M□G□S□ RMHA No
Name of Horse	1□g□s□
Name of Horse	1□g□s□ rmha no

*Horses in the Versatility Program must be certified unless they are weanlings- 2 yrs old.

Submit completed form to: RMHA 4561 Iron Works Pike, Ste 156 Lexington, KY 40511 coordinator@rmhorse.com