

## NOMINATION FORM

SAHIBA RECREATIONAL RIDING NOMINATION FORM FOR YEAR 20\_\_\_\_\_

Owner [or lessee] Name: \_\_\_\_\_

Youth Birthday: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DIVISION:

0 thru 18 \_\_\_\_\_

19 thru 35 \_\_\_\_\_

36 thru 55 \_\_\_\_\_

56 thru 70 \_\_\_\_\_

71 & over \_\_\_\_\_

Name of Horse: \_\_\_\_\_

Enclose \$15.00 for adult rider or \$5.00 for youth rider.

REMEMBER YOU MUST BE A MEMBER OF SAHIBA IN GOOD STANDING.

MAKE CHECKS PAYABLE TO: **SAHIBA** AND MAIL TO:

Peggy Hunter

127 Twin Oaks

Bardstown, KY. 40004

Phone: 859-230-6343

Email: [phantomistik@bardstowncable.net](mailto:phantomistik@bardstowncable.net) or

[peggy.hunter@orbiscorporation.com](mailto:peggy.hunter@orbiscorporation.com)

If you need extra copies of the form to report your hours, just make a photocopy.