

OSAP ENROLLMENT SHEET

American Tobiano Overo Association
 789 W M-113
 Kingsley, MI 49649
ATOApaints@gmail.com
 (21)620-4042



Horse Name: _____

Owner Name(s): _____

Owner Address: _____

Phone (____) _____ Email: _____

All Owners and exhibitors of the above listed Paint must be current ATOA Members.

Exhibitor	ATOA #	Relationship

I certify that the above information is correct and current. I have read and agree to abide by the rules of the ATOA Open Show Awards Program as defined by the current ATOA Rule Book. I understand that I must possess my OSAP enrollment letter prior to competing in any OSAP event or forfeit any points won therein. **For the points to count, the form must be postmarked within 30 days of the show.**

Print Name: _____ Date: _____

Signature: _____.

2025 Fee- Free

2026 Fee-\$20.00

Method of Payment: (US Funds) (starting Jan 1, 2026 a 3% credit card transaction fee will be added)

Check
 Visa
 MC
 Discover
 American Express

Card No: _____

Name of Card: _____ Exp, Date: _____ CVV# : _____

Signature of Card Holder: _____