

## OSAP ENROLLMENT SHEET

American Tobiano Overo Association  
789 W M-113  
Kingsley, MI 49649  
[ATOApaints@gmail.com](mailto: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: \_\_\_\_\_