

AVTA PACE RIDE REGISTRATION FORM

Riders must complete one form per team

TEAM NAME: _____ Division: Open Family Junior Senior Western

Rider 1: _____ Adult (\$40) Junior(\$30)

Address: _____

Cell #: _____ Email: _____

Rider 2: _____ Adult (\$40) Junior (\$30)

Address: _____

Cell #: _____ Email: _____

Rider 3: _____ Adult(\$40) Junior(\$30)

Address: _____

Cell #: _____ Email: _____

Have Coggins available. Make check payable to AVTA.

Protective helmet required. Please sign separate release.

For Official Use: TEAM #: _____ AMOUNT PAID: Check Cash

Enjoy the Ride!!