

**MFTHBA
National Trail Ride Application**

Name of Sponsor: _____ For Profit: _____ Affiliate: _____

Name of Co-Sponsor (if applicable): _____

Sponsor Contact Name: _____ Phone #: _____

Email Address: _____

Co-Sponsor Contact: _____ Phone # _____

Name of Event: _____ Pink Ride? _____

Dates of Event: _____ Location: _____

Facility: _____ City: _____ State: _____

Facilities for horses: _____ Stall Fees _____

Facilities for campers: _____ Fees: _____

Information about the trails: _____

Information about the Trail Ride: _____

Mail to: MFTHBA Attn Trail Committee
PO Box 1027
Ava, MO 65608

Date mailed _____ Contact Signature _____

Information about the trails: _____

Additional Information about the Trail Ride: _____

Charges:

Campsite Hook-up(daily): _____ Entire ride: _____

Fee Per Person(daily): _____ Entire ride: _____

Stall (daily): _____ Entire ride: _____

Trail Ride(daily) _____ Entire ride: _____

OR

Fee for entire ride and what's included _____

Date mailed: _____ Contact signature: _____