



MFTHBA National Trail Ride Application

Affiliate: _____ Non-Affiliate: _____

Ride for Cancer: _____ Cancer/Color Represented: _____

Name of Event: _____ Start Date: _____ End Date: _____

Sponsor: _____ Contact Name: _____
(This person will receive ride packet)

Phone Number: _____ Mailing Address: _____

Email: _____ Co-Sponsor (if applicable): _____

Co-Sponsor Contact Name: _____ Phone Number: _____

Facility: _____ Street: _____ City: _____

State: _____ Zip: _____ Reservation Contact Number: _____

Facilities for Campers: _____

Campsite Fees (daily): _____ Non-Camper Day Rider Fee: _____

Facilities for Horses: _____ Stall Fee Per Horse(daily): _____

Information about Trails:

Information About Ride:

Mail Application to: MFTHBA
Attn: Trail Committee
P.O. Box 1027
Ava, MO 65608

Date Mailed: _____ Contact Signature: _____

Office Use Only:

Date Received: _____ Date Approved: _____ None Affiliate Fee: _____