

**KAHS Frequent Rider
Program
Rider/Horse Nomination
Form**

(One rider per form)

Owner _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____
Signature _____

Name of horse #1 _____
Registration Number _____
Breed (if known) _____ Color _____
Sex _____ Foaling Date (if known) _____

Name of horse #2 _____
Registration Number _____
Breed (if known) _____ Color _____
Sex _____ Foaling Date (if known) _____

**For additional horses, add another sheet
Enclose \$10 fee per horse
Make checks payable to "KAHS"**

Return forms and payments to:

**Dena Kaminski
296 Road 180
Emporia, KS 66801
Phone: 620-342-4988**

Fees Paid _____

Check Number _____

KAHS HOURLY LOG SHEET

Owner
Name _____

Horse Name _____

Date mm/dd/yy	Hours (1/2 hour increments)	Activity
1/1/2004	3.5 or 3 1/2	lesson
Total Hours		

Date mm/dd/yy	Hours (1/2 hour increments)	Activity
Total Hours		

Date mm/dd/yy	Hours (1/2 hour increments)	Activity
Total Hours		

Date mm/dd/yy	Hours (1/2 hour increments)	Activity
Total Hours		

Page total

--

All points to be postmarked by November 20th of each year

Mail to:
KAHS Points Recorder
Dena Kaminski
296 Road 180
Emporia, KS 66801
Phone: 620-342-4988