



# 'BEAT THE COVID BLUES'

## HORSEBACK RIDING PROGRAM APPLICATION FORM

Please complete this form, sign and return to the AQHA.

**Name:** .....

**Address:** .....  
.....

**Phone:** .....

**Email:** .....

**AQHA Membership #:** .....

I, the undersigned, understand that this is a “promotional program” only and will be applicable from Monday 20<sup>th</sup> April, 2020 to Friday 31<sup>st</sup> July, 2020 (subject to change). Once this promotional period is over, I understand that I will be able to resume showing and this “Beat the Covid Blues” Horseback Riding Program membership will become invalid.

*The maximum number of hours for Covid-19 HBRP is 25 and there is only 1 level – an AQHA cap.*

**Signature of applicant:** .....

**Date:** .....