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Application for Enrollment



**AMERICAN
SADDLEBRED
INTERNATIONAL
YOUTH PROGRAM**

Please indicate whether you are enrolling in Level 'A' (\$10.) or Level '1' (\$15.)

Return with proper fee payable to: ASIYP, 507 Oak Street, North Aurora, IL 60542

Phone 630-844-3533

Payment in U.S. funds only. Canadian residents please add \$1.00 to all Level fees for additional postage.
Residents of other countries should check with us for proper fees. Please allow 3 to 4 weeks for delivery.

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

I belong to an ASHA Youth Club. Club name: _____

Are you currently involved in activities at any stable? Yes No - If Yes, name and address of stable: _____

Do you own a horse? Yes No If yes, what breed? _____

Do you belong to any horse related organizations? Yes No - If Yes, name of organization(s): _____

I have read the information located on ASIYP's web site about the American Saddlebred International Youth Program and understand there will be additional information included with each packet. I agree to abide by all rules for ASIYP as may be established or changed from time to time by ASIYP. I agree to act in an honest and sportsmanlike manner when completing all requirements of any Level, Competition or Program. I understand the judging decisions of ASIYP, or anyone they may choose to judge or evaluate tests or other items I submit, is final.

Enrollee's signature and date _____

Parent or guardian signature _____

Payment enclosed: \$ _____ Check Visa MasterCard Discover

Card number _____ Exp. Date _____ CVV code _____

Last 3 digits from signature panel

Name, as printed on card _____

PLEASE PRINT NAME

Address, if different than above _____

If you have questions about this form, or the program, e-mail ASIYP at CDH13040@aol.com or phone 630-844-3533.

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