



UFTHA TRAIL RIDE PROGRAM REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

By signing this form I agree to abide by the rules of the UFTHA Trail Rider of the Year Award Program.

Registrant
Signature _____

You can register at any time during the year, however, only those rides and hours ridden after registration is received by the trail ride committee will count toward Trail Rider of the Year awards.

Please email or regular mail this application to the BSFTA Trail Ride Committee at vals0259@aol.com or

UFTHA
1905 West 4700 South, Suite 205
Salt Lake City, UT 84118.

You may also register at any scheduled points ride.