



TRAIL HORSE TEST APPROVAL APPLICATION

TRAIL HORSE TEST INFORMATION:

Test Date(s): _____ Hosting Region or Farm: _____

Venue: _____

Address of Venue: _____

City: _____ State: _____ Country: _____ Zip: _____

ANTICIPATED NUMBER OF HORSES TO BE TESTED:

Junior Level No. of Horses: _____ Senior Level No. of Horses: _____ Master Level No. of Horses: _____

Designated Test Requestor: Name: _____ NAPHA Number: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email: _____

JOY OF RIDING COMMITTEE APPROVED JUDGE(S) AND TEST MANAGEMENT:

Name of Judge(s)

Judge 1: _____ Phone: _____ Email: _____

Judge 2: _____ Phone: _____ Email: _____

Test Marshal Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

IMPORTANT NOTES:

1. To hold a NAPHA sanctioned test, the test must be approved by the Chair of the Joy of Riding Committee.
2. Two judges are required to test a horse at the Master level.
3. The Designated Test Requestor must be a member in good standing of NAPHA at the time the test is requested.
4. The Designated Test Requestor is responsible for conducting the test in accordance with the Trail Horse Test Rules.
5. The Designated Test Requestor is responsible for the financial management of the test, which includes payment of the judge's fees/expenses, payment of the Marshal's fees/expenses. The Requestor will make the payment arrangement directly to the judge/marshal.
6. The Designated Test Requestor is responsible for the remittance of the application fee and the entry fees to the Joy of Riding Committee.

Designated Test Requestor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Trail Horse Test Number: _____

THE TEST DATES SUBMITTED HAVE BEEN: _____ APPROVED _____ NOT APPROVED

IF NOT APPROVED, REASON FOR NON-APPROVAL: _____

Joy of Riding Committee Chairperson: _____ Date: _____

INSTRUCTIONS FOR PROCESSING THIS FORM:

1. Fill out this form in its entirety, enclose the appropriate fees and return this form to NAPHA
2. Checks should be payable to NAPHA.
3. Form and check should be mailed to NAPHA, PO Box 2187, Santa Rosa, CA 95405