

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

EMAIL Address: _____

Date of Birth _____

Cell #: (_____) _____

Make check payable to: Florida Trials Association

Single Membership \$ _____ (\$20.00 single membership)

Family Membership \$ _____ (\$30.00 family membership)

Please provide the names of all **family members** below, next to the class they will be riding in at the beginning of the season.

	<u>(Print Name)</u>	<u>AMA #</u>	<u>DOB</u>
Novice	_____	_____	_____
Intermediate	_____	_____	_____
Sportsman	_____	_____	_____
Sportsman A	_____	_____	_____
Advanced	_____	_____	_____
Expert	_____	_____	_____
Champ	_____	_____	_____
Vintage-C	_____	_____	_____
Vintage-B	_____	_____	_____