

ECAHS Certification Request

Name of Requestor/Owner of Horse: _____

Address: _____

Phone Contact Number (s): _____

E-Mail Address: _____

Horse Name: _____

Registration Number: _____

Date of Birth: _____ Sex: _____ Color: _____

Horse Name: _____

Registration Number: _____

Date of Birth: _____ Sex: _____ Color: _____

Horse Name: _____

Registration Number: _____

Date of Birth: _____ Sex: _____ Color: _____

Horse Name: _____

Registration Number: _____

Date of Birth: _____ Sex: _____ Color: _____

Total Payment: (\$5 for ECAHS Members, \$10 for Non-Members per horse): _____

**Send to: ECAHS
c/o Pat Bobb
86 White Road
Columbia, VA 23038-2868**