



Kentucky Mountain Saddle and Spotted Mountain Horse Association  
P. O. Box 1405 • Georgetown, KY 40324  
859-225-KMSH (5674) • office@kmsha.com (email)



*Kentucky Mountain Saddle Horse News*  
**TRAINER'S DIRECTORY**  
Listing is for 12 months at an annual rate of \$105

MAIL COMPLETED FORM TO THE OFFICE. FAX COPIES CANNOT BE ACCEPTED

(PRINT CLEARLY)

Name: \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

Website: \_\_\_\_\_

Check as many of the items below you want included in your listing:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> New Under Saddle | <input type="checkbox"/> Boarding     |
| <input type="checkbox"/> Show             | <input type="checkbox"/> Lessons      |
| <input type="checkbox"/> Trail            | <input type="checkbox"/> Versatility  |
| <input type="checkbox"/> In Hand          | <input type="checkbox"/> Equitation   |
|   | <input type="checkbox"/> Other: _____ |

25 Words or less for listing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT:**

Check # \_\_\_\_\_

Money Order

Credit Card Cardholder Name: \_\_\_\_\_

Card Type:  Master Card  Visa  American Express

Card #: \_\_\_\_\_ Card Billing Address:  Same as above

Expiration Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:* Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Mag: \_\_\_\_\_