

# UMECRA 100 MILE EQUINE NOMINATION FORM

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

\$50.00

Equine Nickname: \_\_\_\_\_

AHA Registration # (if available) \_\_\_\_\_

AERC Horse # (if available) \_\_\_\_\_

*Please include check payable to **UMECRA***  
(this is a one-time nomination fee)

**Total: \$ 50.00**

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail to:           Robin Schadt  
                      7342 W 115<sup>th</sup> Street  
                      Worth, IL 60482  
                      [robinschadt@aol.com](mailto:robinschadt@aol.com)  
                      708-280-8241