

Professionals Reward Program Enrollment Form

Barn Or Farm Name: _____ Web Address: * _____

Your Name: _____ E-Mail Address: * _____

Mailing Address: _____ State: _____ Zip: _____ Phone: _____

Are You The:(circle all that apply) Owner Trainer Barn Manager

How many at your barn? Students _____ Boarders _____

What Disciplines Do Your Students/Boarders Ride:(circle all that apply) Dressage Eventing

Hunter/Jumper Pleasure Trail Other _____

*Pelham Saddlery Does Not Sell Or Share E-mail Or Customer Information

Please list the brand names/products that you currently use or prefer.

Saddles _____

Show Apparel _____

Schooling Apparel _____

Helmets _____

Footwear _____

Horse Apparel _____

Supplements _____

Other Tack _____

Other: _____

I understand that certain eligibility requirements must be met to qualify for enrollment. At any time I am no longer eligible for the Professionals Reward Program, my membership may be suspended at the discretion of Pelham Saddlery. Pelham Saddlery has the right to modify and/or terminate this program in part or whole at anytime without prior notice. I hereby attest that the information I have provided is true and correct to the best of my knowledge.

Signature _____ **Date** _____

