



AERC ENDURANCE RIDE RESULTS

Ride Name _____ Ride Date _____ Distance _____ Region _____

Ride Manager _____ AERC # _____

Phone _____ E-mail _____

Head Control Judge _____ AERC # _____

All control judges working on this ride are required to be current AERC members

OTHER CONTROL JUDGES/TREATMENT VETERINARIANS WORKING RIDE: (list add'l. on reverse)

Ride managers must advise control judges/treatment veterinarians to submit reports on all treatment rendered and/or equine fatalities

of Starting Riders (include juniors) _____
of Starting Juniors _____ # of Finishing Riders _____
Best Condition Horse _____
B.C. Score _____ #Judged for B.C. _____
Pulls: L _____ RO _____ ROM _____ SF _____
M _____ ROL _____ DQ _____ OT _____

Name _____ AERC # _____ Address _____

Name _____ AERC # _____ Address _____

Name _____ AERC # _____ Address _____

Please ask your riders to show their AERC cards as proof of membership for the current season. Ride management is responsible for day-member fees. List day-members (non-members and non-renewed members) who have paid the \$15 day-member fee below and please list complete contact information on the sheet provided in your ride packet.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please calculate fees as indicated below. Send fees and completed results postmarked no later than 14 days after ride date. After 30 days late fees will be assessed at \$50.00 plus \$2.00 per additional late day. Ride results will not be published nor will ride be re-sanctioned until ALL fees are received by the National Office.

_____ Starting Riders x \$5.00 ea.	\$ _____
_____ Drug Testing x \$6.00 ea. (per rider except California and Canada)	\$ _____
_____ *Day Members x \$15.00 ea.	\$ _____
_____ New/Renew Vet x \$40.00 ea.	\$ _____
_____ Intro riders x \$1.00 ea.	\$ _____
Other _____	\$ _____
TOTAL TO AERC	\$ _____

Pull Codes: M - Metabolic • L - Lameness • OT - Over Max Time
 RO - Rider Option • ROL - Rider Option/Lame • ROM - Rider Option/Metabolic
 SF - Surface Factors (chafes, galls, wounds) • DQ - Disqualified

Please indicate ties.

	Rider ID	Rider Name (if jr. rider add sponsor placing #)	Division wt. or jr.	Horse ID	Horse Name	Ride Time or Pull Code	Horse Owner/ID (if same as rider write "same")
1							
2							
3							
4							
5							

PLEASE INDICATE TIES

Mail to: AERC • P.O. Box 6027 • Auburn, CA 95604



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