

*Available online at www.aerc.org

Please respond promptly
so your Custom Ride Manager Packet
arrives in plenty of time
for your ride!

Custom-Order Your Ride Manager Packet!

Please check the items you need and fax this back to AERC at 530-823-7805 – or simply phone the office with your "order": 866-271-2372. The office staff will mail all materials out promptly. Best wishes for a successful ride.

| Your Na | ame Ride Name | Ride Date |
|--|--|---|
| Send me the full packet of information! (includes <u>all</u> of the following items) | | |
| Quantity | <u>Description</u> | |
| | AERC Rules & Regulations (mini-rule book)* | |
| | Ride Manager's Handbook* | |
| · | AERC Vet Video | |
| · | AERC Ride Evaluation (to be filled out by riders and | d returned to AERC)* |
| | AERC Post-Ride Rider Survey (to be filled out by ric or metabolic problems during the ride) | ers whose horses experienced lameness |
| · | AERC Day Member Contact Information sheet | |
| | AERC Membership Registration forms* | |
| · | New Rider Briefing information* | |
| | Sample Rider Cards* | |
| | Endurance Ride Results (page 1; for riders #1 - #5)* | |
| | Endurance Ride Results (page 2; room for 30 riders | on each sheet)* |
| | Best Condition Evaluation worksheet/form (room f | or 5 horses on each sheet)* |
| | Accident/Injury Report Form | |
| | Post-Metabolic Pull Vet/Rider Contact information | (1 for each horse pulled for metabolic reasons) |
| | Ride Sanction Application (for your next ride!)* | |
| | Ride Change Request form* | |
| The following will be sent out one per ride; mark if needed: | | |
| Request for Certificate of Insurance (for additional insureds)* | | |
| ☐ Vet | terinary Post-Ride Statistical Report* | |
| ☐ CA | Rides Only: Drug Testing Information/Form | |

P.O. Box 6027 · Auburn, CA 95604 · Toll-Free 866-271-AERC · Fax 530-823-7805 · www.aerc. org · office@aerc.org