



# 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 \$20 day-member fee below and please list complete contact information on the sheet provided in your ride packet.**

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

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

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 plus \$2 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 Ride results will not be published nor will ride be re-sanctioned until ALL fees are received by the National Office.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 each \$ \_\_\_\_\_

\_\_\_\_\_ Drug Testing x \$6 each \$ \_\_\_\_\_  
(per rider except California and Canada)

\_\_\_\_\_ \*Day Members x \$20 each \$ \_\_\_\_\_

\_\_\_\_\_ New/Renew Vet x \$45 each \$ \_\_\_\_\_

\_\_\_\_\_ Intro riders x \$1.00 each \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TO AERC** \$ \_\_\_\_\_

*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**