

**Morgan Horse Association of Oregon  
Open Incentive Program  
Reimbursement Form**



Dear MHAO Member:

Thank you for participating in the MHAO Open Incentive Program. To receive a reimbursement of up to \$25 of your paid participation fees at an open to all breeds event (OTAB), please complete the form below and send it plus proof of payment to Karen Breckenridge, MHAO Treasurer.

Mail: [MHAO Open Incentive C/O Karen Breckenridge, 4715 Eola Drive NW, Salem OR 97304](mailto:Karen.Breckenridge@MHAO.org)

Email: [wylrieriley@aol.com](mailto:wylrieriley@aol.com).

If you have questions, contact Sandi Humphres, Open Incentive Chair at (541) 415-1230, [firemed13@yahoo.com](mailto:firemed13@yahoo.com).

**Forms must be received or postmarked within 30 days of the event to be eligible for reimbursement.**

**Step 1: Fill out the event and your information**

|   |    |
|---|----|
| Event Name:   |    |
| Event Date(s):  |    |
| Event Contact Information:<br>(Ex: website, address, phone #, or email) |    |
| MHAO Member Name  |    |
| MHAO Member Address*  |    |
| Morgan Horse Name   |    |
| Participation Fees paid   | \$ |

**Step 2: Attach proof of payment, OR ask an Event Representative to sign below confirming that you participated with a Morgan Horse and paid the fees.**

By signing below, I acknowledge that our event was open to all breeds, the person listed above actively participated with a Morgan horse, and that he/she paid the required entry fees.

|                                 |       |
|---------------------------------|-------|
|                                 |       |
| Authorized Event Representative | Title |

**Step 3: Sign the form, write in the amount you are requesting, and mail it in!**

By signing below, I acknowledge that I (or the youth member listed above) actively participated with a registered Morgan horse in this event.

|   |   |
|---|---|
|   | \$  |
| MHAO Member signature   | Amount requested for reimbursement<br>(Cannot exceed fees paid or \$25) |
| <i>*Reimbursement will be mailed to the address listed in Step 1 above.</i> |   |

| MHAO USE ONLY                   |  |                             |    |
|---------------------------------|--|-----------------------------|----|
| Date received:                  |  | Reimbursed YTD:             | \$ |
| Verified current member status: |  | Date received by Treasurer: |    |