

OHHA Sulky Registration Form

Name of Sulky Owner _____

Mailing Address of Sulky Owner _____

Sulky Owner's Telephone Number and E-mail Address _____



Form must be completed in its entirety*

Sulky	New or Used	Purchased From	Purchase Date	Manufacturer	Model	Serial Number	Color and Size	Dealer Contact Information	Dealer's Warranty Description

Note if this sulky has been registered with the OHHA prior by another Sulky Owner: _____

(Note prior owner and information relative to transfer)

*Attach proof of purchase and payment. Sulkies are only covered under the Sulky Accident Reimbursement Policy for the individual that has registered them with the OHHA.

Supplemental Insurance Election - If elected, all information above must be completed in its entirety or payment will not be accepted.

I wish to pay the supplemental insurance coverage for the sulky registered, above. Complete terms are on the Sulky Claim Form

January 2026 Supplemental Sulky Coverage Option			
Total Coverage	Cost	Note Sulky Covered from Above	Total Cost of coverage
Up to \$ 1,000 in coverage	\$100		
Up to \$ 2,000 in coverage	\$200		
Up to \$ 3,000 in coverage	\$300		
Total Payment Enclosed			\$ _____

Signature (Sulky Owner) (Date)

Return Form and Supplemental Payment to: Ohio Harness Horsemen's Association
 Fax: (614) 221-8726
 Mail: 2237 Sonora Drive, Grove City, Ohio 43123
 or provide to your OHHA Track representative Amy Hollar or Brett Merkle