

# 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

<b>January 2024 Supplemental Sulky Coverage Option</b>			
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		
<b>Total Payment Enclosed</b>			\$ _____

\_\_\_\_\_  
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  
 E-Mail: [sulkyregistration@ohha.com](mailto:sulkyregistration@ohha.com)