

# NMAHA AMBASSADOR PROGRAM ENROLLMENT FORM

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
AHA # (ASSOCIATE MEMBERSHIP NOT ACCEPTED) : \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
YEAR \_\_\_\_\_ ALL SHOW FORMS ARE DUE BY DECEMBER 1ST

## HORSE REGISTRATION

HORSE NAME \_\_\_\_\_  
AHA# \_\_\_\_\_

This form needs to be filled out each year you participate. Please send me a copy of your horse's registration papers. If you are using the same horse as in previous years you do not need to send another copy as I will keep them on file. Also please send a picture of you and each horse you use in the program. Picture should be of you using your horse for whatever you are getting points for.

### ADDITIONAL HORSES

HORSE NAME \_\_\_\_\_  
AHA# \_\_\_\_\_

HORSE NAME \_\_\_\_\_  
AHA# \_\_\_\_\_

HORSE NAME \_\_\_\_\_  
AHA# \_\_\_\_\_

HORSE NAME \_\_\_\_\_  
AHA# \_\_\_\_\_

SEND FORMS TO:  
Lynda Frenchick  
55569 395<sup>th</sup> Street  
Paynesville, MN 56362  
lyndafrenchick@gmail.com

