NMAHA AMBASSADOR PROGRAM

SHOW FORM

NAME OF SHOW_____
SHOW LOCATION_____
SHOW CONTACT_____
DATE OF SHOW_____

CLASS NAME	NAME OF HORSE

I _____VERIFY THAT THE ABOVE INDIVIDUAL SHOWED THE ABOVE HORSE(S) IN THE ABOVE CLASSES ON THIS DATE_____.

SHOW MANAGER SIGNATURE_____

PERSON SHOWING
NAME_____
ADDRESS_____
AHA# (NMAHA ASSOCIATE MEMBERSHIP NOT ACCEPTED): _____

MUST BE SUBMITTED BY DECEMBER 1ST TO QUALIFY FOR POINTS
SEND FORMS TO:
LYNDA FRENCHICK 55569 395TH STREET
PAYNESVILLE, MN 56362 320-493-5956 lyndafrenchick@gmail.com