

NMAHA AMBASSADOR PROGRAM

COMPETITIVE/ENDURANCE RIDE FORM

NAME OF RIDE _____
RIDE LOCATION _____
RIDE COORDINATOR _____
DATE OF RIDE _____



OF MILES NAME OF HORSE

I _____ VERIFY THAT THE INDIVIDUAL LISTED COMPETED ON
THE ABOVE HORSE(S) DURING THE COMPETITIVE / ENDURANCE RIDE ON THIS
DATE _____

SIGNATURE _____

PERSON RIDING:

NAME _____

ADDRESS _____

AHA# (NMAHA ASSOCIATE MEMBERSHIP NOT ACCEPTED): _____

MUST BE SUBMITTED BY DECEMBER 1ST TO QUALIFY FOR POINTS TO:

Lynda Frenchick
55569 395th Street
Paynesville, MN 56362
lyndafrenchick@gmail.com
320-493-5956