FHANA ROYAL FRIESIAN BY KFPS
FRIESIAN HORSE ASSOCIATION OF NORTH AMERICA

FHANA Dressage Performance Award

Owner of Horse: _____

Address: _____

City/State/Province: _____

Postal Code: _____ Email: _____

Home Phone: _____ Business: _____

Horse's Show Name: _____

FHANA/KFPS REG Name & Number: _____

Name of Rider: _____

Competition Year: _____

Each competition year will include results from January 1st to November 30th of that year.

Date	Show	Class	Show Points	Level Points	Score Points	**Total Points**

I hereby certify that these results/placings are valid as submitted.

Signed: _____ Date: _____

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