



## FHANA Performance Driving 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 Driver: \_\_\_\_\_

Competition Year: \_\_\_\_\_

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

Date	Show	Class	Show Points	Placing Points	Number in Class	Total Points

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_