



FHANA Performance Riding Award

Owner of Horse: _____
 Address: _____
 City/State/Province: _____
 Postal Code: _____ Email: _____
 Business: _____
 Home Phone: _____ : _____
 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: _____