THE Friesian Horse ASSOCIATION OF NORTH AMERICA

FHANA President's Trophy

Name of Rider: _____

Address: _____

City/State/Province: _____

Postal Code: _____ Email: _____

Home Phone: _____ Business: _____

Horse's Show Name: _____

FHANA/KFPS REG Name & Number: _____

Owner of Horse: _____

Competition Year: _____

Each competiton year will include results from January 1st to December 31st of that year.

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

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

Signed: _____ Date: _____