

PAYOUT & QUALIFICATION FORM: 2020 ADHHA Nationals

Horse's Registered Name: _____

Registration # _____ Year Foaled: _____

Sire: _____

Dam: _____

Owner of Horse: _____

2020 Nationals Check made payable to:

Name: _____ Social Security Number: # _____

Address for premium check to be mailed to:

Street: _____

City: _____

State: _____ Zip: _____ - _____

Phone: _____

Horse show & classes where ADHHA horse qualified for 2020 Nationals:

1) Horse Show: _____

2) Qualifying Class(es): _____

1) Horse Show: _____

2) Qualifying Class(es): _____

1) Horse Show: _____

2) Qualifying Class(es): _____

1) Horse Show: _____

2) Qualifying Class(es): _____

Please send completed form
back to:
ADHHA
455 E. Farver Street
Shipshewana IN 46565



E-mail Justin at:
office@adhha.org
Questions? Call 260-350-0988

Shiflet's
2017