



AMERICAN DUTCH HARNESS HORSE ASSOCIATION

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OFFICE USE ONLY

Check #	
Amount	
Outstanding	
Date Rec.	

FARM NAME & PREFIX

FARM INFO

Farm Name *(Please Print)* _____ **Prefix** *(Please Print)* _____

Address _____

City, State, Zip _____ Phone # _____

PAYMENT DETAILS

Registration Fee \$250

PAYMENT INFORMATION 4% added for credit/debit

Check # _____ Card #

Exp. Date / CCV# Zip Code **TOTAL FEES** \$ _____

Name on Card _____ **Signature** _____