



# PAYOUT FORM for the 2023 ADHHA Nationals

Horse's Registered Name:

\_\_\_\_\_

Registration # \_\_\_\_\_ Year Foaled: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Owner of Horse:

\_\_\_\_\_

\_\_\_\_\_

## **2023 Nationals Check made payable to:**

Name: \_\_\_\_\_

Social Security Number: # \_\_\_\_\_

Address for premium check to be mailed to:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Forms must be filled out for Tax reporting purposes and to receive your payout for the 2023 ADHHA Nationals.  
Please complete and return to our office at ADHHA 455 E Farver St Shipshewana IN 46565

Email [office@adhha.org](mailto:office@adhha.org) or fax 260-572-2462