

Check #	
Amount	
Outstanding	
Date Rec.	



# PAYOUT FORM

This form must be completed and returned to the ADHHA office for all payout checks to be dispersed for all ADHHA events.

EVENT NAME: \_\_\_\_\_

Horse's Registered Name:

\_\_\_\_\_

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

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

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

Owner of Horse:

\_\_\_\_\_

\_\_\_\_\_

## 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.  
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

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