FHANA
FRIESIAN HORSE ASSOCIATION OF NORTH AMERICA

4037 Iron Works Parkway
Lexington, KY 40511

(859) 455-7430 | www.FHANA.com

FHANA Performance Inspection Trainer Horse Record

Name of Owner: _____ R#:_____

Address: _____

City/State/Province: _____ Postal Code:_____

Email: _____ Phone:_____

Competition Year: _____

FHANA/KFPS Horse Name & Registration Number: _____

Each inspection year will include results from December 1st of the previous year to November 30th of the current year.

Please reference the awards menu on www.fhana.com for your values for “Class Points” and “Score Points” and examples on how to fill out this form.

Date	Inspection	Class Name	Class Points	Score Points	Points
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

Total 0

I hereby certify that these results/placings are valid as submitted

Signed: _____ **Date:** _____