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FHANA Performance Show Trainer Award

Trainer Name :	R#:	
Address:		
City/State/Province:	Postal Code:	
Email:	PI	none:
Region:	Competition Year:	
report for each horse)	eing submitted for this award: (you must subm s starting Dec. 1 st of the previous year and Applications are due Nov. 30	
Horse Name	Owner Name	Horse's Points
		Total
l hereby c	ertify that these results/placings are valid	as submitted
Signed:		Date: