

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

## **FHANA Performance Driving Award**

Exhibitor of Horse:  Address:  City/State/Province:		R#:					
		Postal Code:					
Email:		Phone:					
FHANA/KFPS R	teg Name/Number:						
Region:		_/_/	Competition \	Year:			
Owner of Horse	<u> </u>	R#:					
	on year is defined as sta		ations are due N	ov. 30			
Date	Show		Class	Show Points	Placing Points	Number in Class	Total Points
			$\longrightarrow$				
						/	
			-				
	I hereby certify	y that thes	e results/placing	s are valid as s	Total		
Signed:				Date	:		