



FHANA Talent Cup Dressage Award

Owner of Horse: _____

Address: _____

City/State/Province: _____

Postal Code: _____ Email: _____

Home Phone: _____ Business: _____

Category: (circle) Riding Driving Age(circle): 4 YO 5 YO 6 YO

FHANA/KFPS REG Number: _____

FHANA/KFPS REG Name: _____

Name of Rider(s)/Driver(s): _____

Competition Year: _____

The competition year is defined as starting December 1st of the previous year and ending November 30th of the current year.

Date	Show	Class	% Score Points	Level Points	Total Points

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

Owner Signature: _____ Date: _____