



## FHANA Performance Western Dressage Award

Owner of Horse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_  
Horse's Show Name: \_\_\_\_\_  
FHANA/KFPS REG Name &  
Number: \_\_\_\_\_  
Name of Rider: \_\_\_\_\_  
Competition Year: \_\_\_\_\_

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

Date	Show	Class	Show Points	Level Points	Score Points	Total Points

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_