



FHANA Dressage Performance 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 1st of the previous year and ending November 30th 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: _____