



FHANA Performance Riding Award

Owner of Horse: _____ R#: _____

Address: _____

City/State/Province: _____ Postal Code: _____

Email: _____ Phone: _____

FHANA/KFPS Reg Name/Number: _____

Region: _____ Competition Year: _____

Name of Rider: _____ R#: _____

The competition year is defined as starting Dec. 1st of the previous year and ending Nov. 30th of the current year.
Applications are due Nov. 30

Date	Show	Class	Show Points	Placing Points	% Points	Total Points

Total _____

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

Signed: _____ Date: _____

