

FHANA/KFPS SPORT PREDICATE APPLICATION

Applicants must be current FHANA members.

Please print clearly to assure accuracy

Horse's Registered Name: _____

Horse's Registration Number: _____

Owners Name: _____ R # _____

Address: _____

City: _____ State or Province: _____ Zip code: _____

Telephone: _____ Email: _____

Please include copies of the fronts of the test sheet that includes Judge's Signature, Horse and Riders name, Competition name and final score. **Requirements to Qualify:** Five scores must be 60% or higher at Third Level or above from **three** different **Registered (R) or higher Dressage Judges**. Multiple scores on the same day are allowed.

Date of Competition	Name of Competition	Name of Judge	Test ridden	Total points	Final percentage

Please include processing fee of \$100.00 Payment Information:

___ Check or Money Order in US Funds (*Payable to Friesian Horse Association of North America or FHANA*) (*Payment is the obligation of the Seller unless the Buyer agrees to pay this fee*)

___ Please charge my credit card: Discover MasterCard Visa

_____ Card Number:
_____ Expiration

Date: _____ / _____ CVV2 _____ (*this is the 3 digit number on the back of MasterCard and Visa cards, the last 3 digits on the back of the Discover card, or 4 digit number on the front of American Express cards*)

Signature _____

Date _____

