

KAHABA Competitive & Endurance Competition Event Verification Form 2010

This report covers only one horse and one competition, and must be completed in its entirety. Please include any event flyer, program, etc. with this form, if such information is available. KAHABA will have final approval of this event.

Horse Name: _____ AHA Reg. # _____

Owner's Name: _____ AHA Membership # _____

Name of Event: _____

Location of Event: _____

Event Sponsored By: _____

Event Manager: _____

List below Type of ride competitive or endurance, placing and number of entries on the ride

Type of Ride	Placing	# of Entries

Riders Name: _____ Date: _____

Riders Phone #: _____ Email: _____

Owner of Horse: _____ Date: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owners Phone #: _____ Email: _____

As ride Manager or Secretary, I confirm that the horse did enter & compete as indicated above, and also agree to provide KAHABA formal results of this ride or event for up to one year from date of ride.

Show Manager or Secretary Signature: _____ Date: _____

Phone #: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Please return this form certified mail to: KAHABA P.O. Box 436004, Louisville, KY 40253 Secretary: Rebecca Reed Phone #: 502-321-1060 or Email: chegrana@aol.com

NO POINTS WILL BE REWARDED WITHOUT COMPLETED and SIGNED FORM!