

# NMAHA AMBASSADOR PROGRAM SHOW FORM

NAME OF SHOW \_\_\_\_\_  
SHOW LOCATION \_\_\_\_\_  
SHOW CONTACT \_\_\_\_\_  
DATE OF SHOW \_\_\_\_\_

CLASS NAME	NAME OF HORSE

I \_\_\_\_\_ VERIFY THAT THE ABOVE OWNER SHOWED THE  
ABOVE HORSES IN THE ABOVE CLASSES ON THIS DATE \_\_\_\_\_.

SIGNATURE \_\_\_\_\_

PERSON SHOWING

NAME \_\_\_\_\_ AHA# \_\_\_\_\_

ADDRESS \_\_\_\_\_

MUST BE SENT BY DECEMBER 1ST

SEND FORMS TO:

JEAN LIESTMAN

61650 320<sup>th</sup> ST.

LITCHFIELD MN 55355 320-434-0686      reflectionfarm@msn.com