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#_____
ADRESS_____

MUST BE SENT BY DECEMBER 1ST

SEND FORMS TO:
JEAN LIESTMAN
61650 320th ST.
LITCHFIELD MN 55355 320-434-0686 reflectionfarm@msn.net