

NMAHA AMBASSADOR PROGRAM ENROLLMENT FORM

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
AHA # (ASSOCIATE MEMBERSHIP NOT ACCEPTED) : _____
PHONE _____ EMAIL _____
YEAR _____ ALL SHOW FORMS ARE DUE BY DECEMBER 1ST

HORSE REGISTRATION

HORSE NAME _____
AHA# _____

This form needs to be filled out each year you participate. Please send me a copy of your horse's registration papers. If you are using the same horse as in previous years you do not need to send another copy as I will keep them on file. Also please send a picture of you and each horse you use in the program. Picture should be of you using you horse for whatever you are getting points for.

ADDITIONAL HORSES

HORSE NAME _____
AHA# _____

HORSE NAME _____
AHA# _____

HORSE NAME _____
AHA# _____

HORSE NAME _____
AHA# _____

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

