

# NMAHA AMBASSADOR PROGRAM

## COMPETITIVE/ENDURANCE RIDE FORM



NAME OF RIDE \_\_\_\_\_  
RIDE LOCATION \_\_\_\_\_  
RIDE COORDINATOR \_\_\_\_\_  
DATE OF RIDE \_\_\_\_\_

# OF MILES	NAME OF HORSE

I \_\_\_\_\_ VERIFY THAT THE INDIVIDUAL LISTED COMPETED ON THE ABOVE HORSE(S) DURING THE COMPETITIVE / ENDURANCE RIDE ON THIS DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PERSON RIDING:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

AHA# (NMAHA ASSOCIATE MEMBERSHIP NOT ACCEPTED): \_\_\_\_\_

**MUST BE SUBMITTED BY DECEMBER 1<sup>ST</sup> TO QUALIFY FOR POINTS TO:**

JEAN LIESTMAN  
61650 320<sup>th</sup> ST.  
LITCHFIELD MN 55355  
320-434-0686  
reflectionfarm@msn.com