NMAHA AMBASSADOR PROGRAM

SHOW FORM

ANTE OF GHOW	SHOW FORM	MAH
AME OF SHOW		al al
HOW LOCATION		
HOW CONTACTATE OF SHOW		
ATE OF SHOW		
CLASS NAME	NAME OF HORSE	$B \stackrel{\text{\tiny M}}{A} \stackrel{\text{\tiny S}}{S} \stackrel{\text{\tiny N}}{S}$
	_VERIFY THAT THE ABOVE INDIVIDU	IAL SHOWED THE
	E CLASSES ON THIS DATE	
ERSON SHOWING:		
DDRESS	MBERSHIP NOT ACCEPTED):	

MUST BE SUBMITTED BY DECEMBER $\mathbf{1}^{ST}$ TO QUALIFY FOR POINTS TO:

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