

## ESQHA PROMOTION AWARD 200\_\_

Horse's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_ Rider's Name \_\_\_\_\_

Registration No. \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Yr. Foaled \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Age of Rider (as of Jan. 1) \_\_\_\_\_

Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

Name of Class	Placing or % Score	# of Horses in Class	ESQHA use only

I hereby verify that the above information is correct.

\_\_\_\_\_  
 Signature of show secretary                      Name of show secretary                      Address                      Phone

*This form may be photocopied*