

## Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

Horse Name	PFHA Registration #				
	<u>Rider</u>				
Name	PFHA #				
Address					
City		_ State		Zip	
If this is a Youth Rider, check here for points to co	ount towards Youth High Points				
	<u>Owner</u>				
Name		PFHA	#		
Address					
City		State		Zip	
	Show/Event Informa	<u>ıtion</u>			
Name					
Date(s)	City	& State			
Sponsoring/Hosting Organization					
Judge's Name(s)					
Class#/Class Name/Level Test			Placing	#of Entries	% Scores
Example: 26. Western Pleasure	Open Show		1	7	
We, the undersigned do hereby certif	y that the horse listed on this report die	d in fact enter and	place in the ever	nt stated in this repo	rt
Exhibitor's Signature	Date	Phone #			
Owner's Signature	Date	Phone #			
As Show Manager/Secretary, I have seen the above hors as stated above and I can and will provide formal results				the above horse did	compete and plac
Show Manager/Secretary Printed Name	Signature			Date	
Mailing Address	Daytime Phone #				

**Please Note:** This completed form must be postmarked to the PFHA office within 20 days of the event. The event prize list must also be included. PFHA 1003 Twilight Trail Suite 2, Frankfort, KY 40601