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 #_____

Rider

Name _____ PFHA# _____

Address_____

City _____State ____ _____ Zip _____

If this is a Youth Rider, check here for points to count towards Youth High Point. ☐

If this is Working Equitation, check here for points to count towards Working Equitation High Point. ☐

Owner

Name _____ PFHA #_____

Address _____

City _____ State _____ Zip _____

Show/Event Information

Name _____

Date(s) _____ City & State _____

Sponsoring/Hosting Organization _____

Judge's Name(s) _____

Class#/Class Name/Level Test#	Division	Placing	#of Entries	% Scores
Example: 26. Western Pleasure	Open Show	1	7	

We, the undersigned do hereby certify that the horse listed on this report did in fact enter and place in the event stated in this report

_____ _____ _____

Exhibitor's Signature Date Phone #

_____ _____ _____

Owner's Signature Date Phone #

As Show Manager/Secretary, I have seen the above horse's registration papers or a copy of the registration papers. I confirm that the above horse did compete and place as stated above and I can and will provide formal results at the request of PFHA up to one year from date of this event.

_____ _____ _____

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