2O23 NCAHA AWARDS PROGRAM **OPEN SHOWS**

HORSE NAME: _____ **REG#:** _____**PURE/HALF:**____**BLANKET:**____

HANDLER NAME: _____ **AHA #:** _____

HANDLER AGE:___ **Youth 18 & Under** ___ **Adult Amateur 19-54** ___ **Adult Amateur 55 & over** ___**Professional**
NCAHA MEMBERSHIP START DATE:_____**ASSOCIATE MEMBER:**____**HANDLER SHIRT SIZE:**_____
ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **EMAIL:** _____
OWNER NAME: _____ **AHA #:** _____

***Rider and Owner (Leasee) must be NCAHA members at time points are earned.**
****Points earned by Professionals are counted only toward HORSE totals. Professionals not eligible for Medals.**

SHOW NAME: _____ **DATE:** _____ **LOCATION:** _____

Class Name:	Place	Points

SIGNATURE: _____ **DATE SUBMITTED:** _____

ONE FORM PER SHOW. ONE HORSE / RIDER COMBINATION PER FORM.

SUBMISSIONS MUST BE POSTMARKED or EMAILED WITH CONFIRMATION BY NOVEMBER 1, 2023.

POINTS WILL NOT BE ACCEPTED AFTER THE DEADLINE. ALL INFORMATION MUST BE CLEARLY LEGIBLE ON EACH FORM.

SEND TO: Melissa Bradshaw, 2019 Oyster Catcher Drive, Hampstead, NC 28443 OR ncarabianhorseassociation@gmail.com