

Region 16 Championships Qualifications

TOP TENS from any show and Regional TOP FIVE, CHAMPION or RESERVE CHAMPION DO NOT qualify a horse for Regional Championship classes.

The AHA website **QUALIFICATION** report (not achievement report) or this form must be completed and submitted with your entries.

TO BE COMPLETE - * items are required.

Name of Horse or Equitation Rider		Regular # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	*	Qualifying for Class Title	*
Name of Qualifying Show	*	Show Date MM/YY	*
Name & Number of Qualifying Class	*	Placing	*
		# in class	Points

**FOR HORSES OR RIDERS ENTERING MORE THAN ONE REGIONAL CLASS
PLEASE WRITE SAME FOR HORSE/RIDER AND OWNER INFORMATION**

Name of Horse or Equitation Rider		Regular # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	*	Qualifying for Class Title	*
Name of Qualifying Show	*	Show Date MM/YY	*
Name & Number of Qualifying Class	*	Placing	*
		# in class	Points

Name of Horse or Equitation Rider		Regular # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	*	Qualifying for Class Title	*
Name of Qualifying Show	*	Show Date MM/YY	*
Name & Number of Qualifying Class	*	Placing	*
		# in class	Points

Name of Horse or Equitation Rider		Regular # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	*	Qualifying for Class Title	*
Name of Qualifying Show	*	Show Date MM/YY	*
Name & Number of Qualifying Class	*	Placing	*
		# in class	Points

Name of Horse or Equitation Rider		Regular # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	*	Qualifying for Class Title	*
Name of Qualifying Show	*	Show Date MM/YY	*
Name & Number of Qualifying Class	*	Placing	*
		# in class	Points

Owner/Exhibitor/Trainer Signature _____ Date _____

If you qualify after the closing date, Please have the show secretary sign below or provide proof of placing/points and number of horses in the class

Show Secretary _____

Date _____

Region 16 Additional Classes

Exhibitor Number (if you know it) _____

Horses Name _____

Owners Name _____

Class 1

Class Number _____ Class Name _____ Fee _____

Riders Name _____

Riders AHA # _____ Riders USEF# _____ Riders USDF# _____

RIDERS ADDRESS IS REQUIRED IF EQUITATION, SHOWMANSHIP OR WALK/ TROT

Qualifications
Show _____ Date _____

Class _____

Place/Points _____ Number in class _____

Class 2

Class Number _____ Class Name _____ Fee _____

Riders Name _____

Riders AHA # _____ Riders USEF# _____ Riders USDF# _____

RIDERS ADDRESS IS REQUIRED IF EQUITATION, SHOWMANSHIP OR WALK/ TROT

Qualifications
Class _____

Place/Points _____ Number in class _____

THIS FORM MUST BE SIGNED

SIGNATURE _____

Total Fees for additional classes \$ _____

Master/Visa/Discover Card # _____ Exp Date _____ CVS _____

Name on CC. _____ signature _____

Credit Card Billing address _____

OFFICE USE ONLY

Office use only
CC Authorization _____

Received by _____ DATE _____ TIME _____

Processed by _____ DATE _____ TIME _____