

2024 NCAHA AWARDS PROGRAM RATED 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: _____ 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
SPOTLIGHT/SSS/KEYSTONE CLASS NAME	DATE	SHOW

SIGNATURE: _____ DATE SUBMITTED: _____

ONE FORM PER HORSE / RIDER COMBINATION, POINTS WILL TABULATED WITH AHA'S RECORDS

SUBMISSIONS MUST BE POSTMARKED or EMAILED WITH CONFIRMATION BY NOVEMBER 1, 2024.

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