

Region 11 Championships Qualification Record Form

This form must be completed and submitted with your entries.

Please refer to chapter 17 of the current AHA handbook for detailed qualification information.

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Name		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	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		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Name		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Name		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Name		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	Points

Owner/Exhibitor/Trainer Signature _____ Date _____

If you qualify after the closing date, Please have the show secretary sign below

Show Secretary _____ Date _____