

2017 Region 9 Championship Show

Qualification Record and/or Verification of Qualification

**This form must be completed and submitted with your entries OR
You may submit a Printed Qualification record from the AHA web site**

Please refer to Chapter 12 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 Title		
Rider in Qualifying class		AHA # of rider	
Name of Qualifying Show		Show Date MM/YY	Show AHA recognition #
Name & Number of Qualifying Class		Placing or Top 5	# in class Points

**FOR HORSES OR RIDERS ENTERING MORE THAN ONE 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 Title		
Rider in Qualifying class		AHA # of rider	
Name of Qualifying Show		Show Date MM/YY	Show AHA recognition #
Name & Number of Qualifying Class		Placing or Top 5	# in class Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Rider in Qualifying class		AHA # of rider	
Name of Qualifying Show		Show Date MM/YY	Show AHA recognition #
Name & Number of Qualifying Class		Placing or Top 5	# in class Points

Name of Horse or Equitation Rider		Reg # or AHA # of rider	
Name of Owner		AHA #	
Qualifying for Class#	Qualifying for Class Title		
Rider in Qualifying class		AHA # of rider	
Name of Qualifying Show		Show Date MM/YY	Show AHA recognition #
Name & Number of Qualifying Class		Placing or Top 5	# in class Points

This form MUST be signed by the Show Secretary if qualifications were earned after (Date)

Show Secretary _____ Date _____