AHAM DRESSAGE RESULTS 2016

NAME OF OWNER _____ NAME OF HORSE _____

NAME OF RIDER _____ REGISTRATION # _____

Please Check Junior ( ) Adult ( ) Arabian ( ) Half Arab ( ) Non Arab ( )

NAME OF SHOW	STATE	DATE	AFFILIATION	NUMBER IN CLASS	PLACING OR TEST SCORE	NAME OF EXHIBITOR	OFFICIAL USE

MUST SEND a copy of Test Scores for points to count

Score Sheets must be submitted each month.

Please reproduce sufficient copies as neded

Mail To: **AHAM**
12 Millville Road
Mendon, MA 01756