

Region 17 Championship Qualification Record Form
(this form MUST be completed in full)
and is your declaration of qualifications per AHA

This form must be completed and submitted with your entries.

Please refer to the current AHA handbook for detailed Regional qualification information.
 Change for 2010 – may earn a 1st or a 2nd placing for qualifications at a show held in 2010.
 No shows in 2009 will be used for this change.

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

**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 Title		
Name of Qualifying Show		Show Date MM/YY	
Name & Number of Qualifying Class		Placing	# in class Points Earned or Placing

Name of Horse or Equitation Rider		Reg # 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 Earned or Placings

Name of Horse or Equitation Rider		Reg # 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 Earned

We acknowledge by signing below that this information is current and correct .

Owner/Exhibitor/Trainer Signature _____ Date _____

(Please use only one form for each horse or equitation rider)