# ESQHA PROMOTION AWARD 200__

Horse's Name _____ Owner's Name _____ Rider's Name _____

Registration No. _____ Address _____ Address _____

Yr. Foaled _____ Sex _____ _____ _____

Phone _____ Phone _____

Age of Rider (as of Jan. 1) _____

Name of Show _____ Date of Show _____

| Name of Class | Placing or % Score | # of Horses in Class | ESQHA use only |
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I hereby verify that the above information is correct.

_____ _____ _____ _____

Signature of show secretary | Name of show secretary | Address | Phone

***This form may be photocopied***