



# Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511  
(859) 825-6000 FAX (859) 258-2125 www.pfha.org

Horse Name \_\_\_\_\_ PFHA Registration # \_\_\_\_\_

### Rider

Name \_\_\_\_\_ PFHA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If this is a Youth Rider, check here for points to count towards Youth High Points

### Owner

Name \_\_\_\_\_ PFHA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Show/Event Information

Name \_\_\_\_\_

Date(s) \_\_\_\_\_ City & State \_\_\_\_\_

Sponsoring/Hosting Organization \_\_\_\_\_

Judge's Name(s) \_\_\_\_\_

Class#/Class Name/Level Test	Division	Placing	#of Entries	% Scores
Example: 26. Western Pleasure	Open Show	1	7	

We, the undersigned do hereby certify that the horse listed on this report did in fact enter and place in the event stated in this report

\_\_\_\_\_  
Exhibitor's Signature    Date    Phone #

\_\_\_\_\_  
Owner's Signature    Date    Phone #

As Show Manager/Secretary, I have seen the above horse's registration papers or a copy of the registration papers. I confirm that the above horse did compete and place as stated above and I can and will provide formal results at the request of PFHA up to one year from date of this event.

\_\_\_\_\_  
Show Manager/Secretary Printed Name    Signature    Date

\_\_\_\_\_  
Mailing Address    Daytime Phone #

## **Recognized Categories**

### **National Hosting Organizations**

- Barrel Racing (WPRA, NBHA)
- Cutting Discipline (ADS)

### **Local Open Shows and 4-H**

- Halter
- Hunter-Seat Equitation

**Please Note:** This completed form must be postmarked to the PFHA office within 20 days of the event. The event prize list must also be included.