

**AHCC YEAR END AWARDS NOMINATION FORM
2011
REGIONAL & Local CT SHOW SERIES**



Name: _____ Address: _____

City _____ State _____ Zip Code: _____ Phone: _____ Fax: _____

E-Mail: _____ Best Way to Contact: _____

Cost is **\$25** per horse per division.

Horse Name	PB/HA	Reg #	Sex	DOB	Blanket Size	Regional Local CT

Farm/Horse Colors _____ Jacket Size: _____ Total Fee: _____

Equitation Rider Name and DOB _____ Seat to Ride: Stock Seat Hunt Seat Saddle Seat
Please circle appropriate category

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You must include a copy of the registration papers for each horse nominated. Owner, Lessee, rider and handler of horse must be a paid member of the AHCC. Nomination forms must be received prior to your first competition of the year. Enroll Today!!

Send your check, forms and reg. papers to:

Dee Bowen\AHCC YEA
C/O Oce
100 Prestige Park Road
East Hartford, CT 06108
860 367-7484
eponastouch@sbcglobal.net

Note:
Address change →→→→