Region 9 CHAMPIONSHIP Qualification Record and/or Verification of Qualification

Please refer to Chapter 12 of the current AHA handbook for detailed qualification information.

This form must be completed and submitted with your entries OR you may submit a Printed Qualification record from the AHA web site with your classes clearly marked on the printout. Please refer to Chapter 12 of the AHA Handbook for detailed qualification information.

Name of Horse or Equitation Rider				Reg # or AHA # of rider					
Name of Owner				AHA #	#				
Qualifying for R9 Class#	Qualifying for R9 Class Title								
Name of Qualifying Show				Show Date MM/YY			Show AHA recognition #		
Name & Number of Qualifying Class				Placing		# in class		Points	
Rider in Qualifying Class				AHA # of rider					
FOR HORSES OR RIDERS ENTERING MORE THAN ONE CLASS PLEASE WRITE SAME FOR HORSE/RIDER AND OWNER INFORMATION									
Name of Horse or Equitation Rider	Reg # or AHA # of rider				A # of				
Name of Owner	AHA #								
Qualifying for R9 Class#	Qualifying for R9 Class Title								
Name of Qualifying Show				Show Date MM/YY			Show AHA recognition #		
Name & Number of Qualifying Class				Placing		# in class		Points	
Rider in Qualifying Class				AHA # of ric	ler				
Name of Horse or Equitation Rider					eg#or \#of rid	er			
Name of Owner		AHA#							
Qualifying for R9 Class#	Qualifying for R9 Class Title								
Name of Qualifying Show				Show Date MM/YY			Show AHA recognition #		
Name & Number of Qualifying Class				Placing		# in class		Points	
Rider in Qualifying Class				AHA # of	rider				
Name of Horse or Equitation Rider				Reg # or AHA # of rider					
Name of Owner				AHA #					
Qualifying for R9 Class#	Qualifying for R9 Class Title								
Name of Qualifying Show				Show Date MM/YY			Show AF	IA recogn	ition #
Name & Number of Qualifying Class				Placing		# in class		Points	
Rider in Qualifying Class				AHA#					
Thisform <u>N</u>	//////////////////////////////////////	Show Secretar	<u>y if qualificatio</u>	ns were	<u>eearr</u>	ned at	fter Ma	y 27.	<u> 2019.</u>

Date____

Show Secretary_____