



MFTHBA Horse Show Buckle Series Application

Name of person/ organization applying for buckle series:

Proposed name of buckle series:

Proposed dates of Buckles Series shows/events:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Show locations (City and state):

Judges of proposed shows:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Current MFTHBA Judge? Y or N

Have you/ your organization hosted an MFTHBA buckle series before? Yes:_____ No:_____

