Endurance Reporting Form

This form covers only one horse and one competition, and must be completed in its entirety. Include an event schedule or flyer with this form. The MFTHBA will have final approval of this event.

HORSE INFORMATION			
Horse:	Reg. Num	nber:	
OWNER INFORMATION			
Owner of Horse:	Member Number:		
RIDE INFORMATION			
Name of Ride:	Ride Date :	Ride City & State: _	
Host Organization (if applicable):	Ride Manager Name and Phone:		
Sanctioning Organization:			
PLACING INFORMATION			
For the show or event referenced above, list below each	class entered and the placing. Attached addition	onal forms if necessary.	
Weight Division	Rider (include MFTHBA number, if applicable)		Miles
AWARD INFORMATION			
Optional: If your horse received any special awards at th	nis event, they may be listed here.		
SIGNATURES			
As event manager/secretary, I have verified the above finish the event as indicated above and I can and will			
Event Manager/Secretary's Signature:	Date	::	M E D A Last
I certify that the horse named on this report did in fac	t enter and finish the above event and milea	ge as listed on this report.	PROGRÂM
Owners' Signature: Date:			INUUNAM

Please return form and supporting documentation to: MFTHBA, PO Box 1027, Ava, Missouri 65608 FAX: (417) 683-2468 Email: foxtrot@mfthba.com