

Ambassador Reporting Form

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

HORSE INFORMATION

Horse: _____ Reg. Number: _____

OWNER INFORMATION

Owner of Horse: _____ Member Number: _____

EVENT INFORMATION

Name of Event: _____ Event City and State: _____

Event Manager/Contact: _____ Email: _____

Event Website: _____

POINT INFORMATION

Attach supporting information including event schedule, flyer and picture of your horse's participation with this form

Date of Event	Type of Event	Points

AWARD INFORMATION

Optional: If your horse received any special awards at this event, they may be listed here.

SIGNATURES

As event manager/contact, I have verified the above horse's MFTHBA registration papers or photocopy of its registration papers. I also confirm that the horse did participate as indicated above.

Event Manager/Contact's Signature: _____ Date: _____

I certify that the horse named on this report did in fact participate in the above listed event on this report.

Owners' Signature: _____ Date: _____



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