



NHQHA

All Show Circuits Year-End Awards

INTENT TO SHOW FORM

Form Fee: \$10.00

Horse Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Youth, Date of Birth: \_\_\_\_\_

Important Information Please Read:

1. New Hampshire Quarter Horse Association membership fees must be paid in full prior to or accompanying the receipt of this form or it will be considered null and void.
2. Points will begin to accumulate on the date of the postmark providing the membership and form fees have been paid in full.
3. If you would like a confirmation receipt of this form, please include a self addressed stamped envelope.
4. Please send the required information to NHQHA, PMB 106, 26 South Main Street, Concord, NH 03301.

If you have any questions, please call Wendy Hayes at 603-226-4022 or e-mail whayes@nhqha.com.

=====

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date Postmarked: \_\_\_\_\_ Received by: \_\_\_\_\_

Notations: \_\_\_\_\_