NEW HAMPSHIRE QUARTER HORSE ASSOCIATION

INTENT TO SHOW FORM

REQUIRED OF ALL MEMBERS TO QUALIFY FOR YEAR END SHOW AWARDS

FEE: $10.00

HORSE NAME: _____

OWNERS 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. Photographs may be taken at our shows/events and used for event or promotional purposes.
4. If you would like a confirmation receipt of this form, please include a self addressed stamped envelope.

Please send the form and fee with check payable to NHQHA:
NHQHA PMB 106 75 South Main Street Concord, NH 03301

If you have questions, please contact info@nhqha.com or call Joanne Ives at 603-228-1244

FOR OFFICE USE ONLY

Date received: _____ Date postmarked: _____ Received by:_____

Notations: _____