

AMHA Individual Judging Contest Application

Youth Name:		AMHA Number:	
Email:		Date of Birth:	
Parent/Guardian Name:			
Address			
City	State	Zip	
*Phone number you can be rea	ached at:		-
Name of Barn/Trainer:			
PAYMENT:			
\$30 payment can be n	nade by credit card by calling	g Nikki Scovotti at AMHA (859) 448-5109)
Please email form back to Nic 130, Lexington, KY 40511	cole@morganhorse .com, or	send form to AMHA; ATTN: Nikki, 4037	Iron Works Pkwy, Suite

For more information, contact: Nicole Scovotti, (859) 448-5109, nicole@morganhorse.com