



AMHA MEDAL CLASS APPLICATION

I hereby apply for permission to hold AMHA Medal Classes at:

Horse Show _____

Date(s) _____

Show Secretary or Manager Name & Address _____

Telephone _____ E-mail _____

Please check the seats for which you are applying:

- | | | |
|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Saddle | <input type="checkbox"/> Hunt Seat Over Fences | <input type="checkbox"/> Western |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Hunter on the Flat | <input type="checkbox"/> Reining |

Fee: \$15 per seat - Includes medal supplied by AMHA ~ OR ~
\$10 per seat (I have a medal from the previous year.)

Who should receive the medals and paperwork?

Name _____ Title _____

Address _____

Telephone _____ E-mail _____

Application and payment should be submitted at least 30 days prior to printing of the prize list.

Please mail payment and application to:

American Morgan Horse Association
4037 Iron Works Parkway Ste 130, Lexington, KY 40511-8508
Or email to nicole@morganhorse.com

Credit Card # _____ Exp Date _____

Name on Card _____ Security Code _____

**SAVE FORM TO YOUR COMPUTER BEFORE FILLING OUT.
IF YOU DON'T, YOUR CHANGES WILL NOT BE SAVED.**