

REGION 7 CHAMPIONSHIP

This form must be completed and submitted with your entries OR you may submit a printed Qualification Record from the AHA website with your classes clearly marked on the printout.

| | | | | | | |
|-----------------------------------|--|----------------------------|--|----------------------------------|------------|--------|
| Name of Horse or Equitation Rider | | | | Registration # or AHA # of Rider | | |
| Name of Owner | | | | AHA # | | |
| Qualifying for R7 Class # | | Qualifying for Class Title | | | | |
| Rider in Qualifying Class | | | | AHA # of Rider | | |
| Name of Qualifying Show | | | | Show Date | Show AHA | |
| Name and # of Qualifying Class | | | | Placing | # in Class | Points |

FOR HORSE & RIDER ENTERING MORE THAN 1 CLASS PLEASE ENTER "SAME" FOR HORSE/RIDER/OWNER INFORMATION

| | | | | | | |
|-----------------------------------|--|----------------------------|--|----------------------------------|------------|--------|
| Name of Horse or Equitation Rider | | | | Registration # or AHA # of Rider | | |
| Name of Owner | | | | AHA # | | |
| Qualifying for R7 Class # | | Qualifying for Class Title | | | | |
| Rider in Qualifying Class | | | | AHA # of Rider | | |
| Name of Qualifying Show | | | | Show Date | Show AHA | |
| Name and # of Qualifying Class | | | | Placing | # in Class | Points |

| | | | | | | |
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| Name of Horse or Equitation Rider | | | | Registration # or AHA # of Rider | | |
| Name of Owner | | | | AHA # | | |
| Qualifying for R7 Class # | | Qualifying for Class Title | | | | |
| Rider in Qualifying Class | | | | AHA # of Rider | | |
| Name of Qualifying Show | | | | Show Date | Show AHA | |
| Name and # of Qualifying Class | | | | Placing | # in Class | Points |

| | | | | | | |
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| Rider in Qualifying Class | | | | AHA # of Rider | | |
| Name of Qualifying Show | | | | Show Date | Show AHA | |
| Name and # of Qualifying Class | | | | Placing | # in Class | Points |

This form **MUST BE SIGNED** by the Show Secretary if qualifications were earned after March 17, 2020

Show Secretary _____ **Date** _____