

**(Show Name)**  
**Qualification Record and/or Verification of Qualification**

This form must be completed and submitted with your entries OR  
 You may submit a Printed Qualification record from the AHA web site

Please refer to Chapter 12 of the current AHA handbook for detailed qualification information.

Name of Horse or Equitation Rider			Reg # or AHA # of rider		
Name of Owner			AHA #		
Qualifying for Class#		Qualifying for Class Title			
Rider in Qualifying class			AHA # of rider		
Name of Qualifying Show			Show Date MM/YY	Show AHA recognition #	
Name & Number of Qualifying Class			Placing or Top 5	# in class	Points

*FOR HORSES OR RIDERS ENTERING MORE THAN ONE CLASS  
 PLEASE WRITE SAME FOR HORSE/RIDER AND OWNER INFORMATION*

Name of Horse or Equitation Rider			Reg # or AHA # of rider		
Name of Owner			AHA #		
Qualifying for Class#		Qualifying for Class Title			
Rider in Qualifying class			AHA # of rider		
Name of Qualifying Show			Show Date MM/YY	Show AHA recognition #	
Name & Number of Qualifying Class			Placing or Top 5	# in class	Points

Name of Horse or Equitation Rider			Reg # or AHA # of rider		
Name of Owner			AHA #		
Qualifying for Class#		Qualifying for Class Title			
Rider in Qualifying class			AHA # of rider		
Name of Qualifying Show			Show Date MM/YY	Show AHA recognition #	
Name & Number of Qualifying Class			Placing or Top 5	# in class	Points

Name of Horse or Equitation Rider			Reg # or AHA # of rider		
Name of Owner			AHA #		
Qualifying for Class#		Qualifying for Class Title			
Rider in Qualifying class			AHA # of rider		
Name of Qualifying Show			Show Date MM/YY	Show AHA recognition #	
Name & Number of Qualifying Class			Placing or Top 5	# in class	Points

**This form MUST be signed by the Show Secretary if qualifications were earned after (Date)**

Show Secretary \_\_\_\_\_ Date \_\_\_\_\_