



Saddlebred Select

American Saddlebred Horse Association
 Achievement Award Application

Please type or print clearly

Registered Name of Horse _____ Reg. # _____

Sire _____ Reg. # _____

Dam _____ Reg. # _____

Color _____ Sex _____ Foaled _____

Discipline and/or divisional category for which application is being made (one award per application): _____

Level Applying For: Circle One: **Bronze** **Silver** **Gold**

Applicant (FULL NAME) _____

Street Address _____

City: _____ State: _____ Zip: _____ Telephone: _____

ASHA member number (owner or applicant must be current ASHA member): _____

Owner's name (if different from applicant): _____

Signature of Applicant: _____ Date _____

VERIFICATION:

Results of all competitions must accompany application.
 They must be verified and signed by the official
 competition secretary or other authorized person.

APPLICATION FEE:

\$25, make checks payable to ASHA
 Visa or Mastercard accepted

MAIL TO:

American Saddlebred Horse Association
 Saddlebred Select Award Program
 4093 Iron Works Parkway, Lexington, KY 40511
 Phone: 859/259-2742 • Fax: 859/259-2742

Card #: _____

Exp. date: _____

SADDLEBRED SELECT COMPETITION REPORT

Please type or print clearly

List wins, percentages or miles (refer to Saddlebred Select Rules and point System):

Date	Show/Event	Location	Class or Event Description	No. of Class/Event Competitors	Miles, Percentage, or Placing

**Attach results or class sheets; be sure that the number of actual event/class competitors is included (where appropriate).
 Results must be verified and signed by the official competition secretary or other authorized person
 (See Saddlebred Select Rules – General, Rule 5)**

Incomplete applications will be returned.