



Half Saddlebred Achievement Award

The Half Saddlebred Registry of America
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:

The Half Saddlebred of America Registry
American Saddlebred Horse Association
Saddlebred Select Award Program
4093 Iron Works Parkway, Lexington, KY 40511
Phone: 859.259.2742 • Fax: 859.259.1628

Card #: _____
Exp. date: _____

HALF SADDLEBRED ACHIEVEMENT AWARD COMPETITION REPORT

Please type or print clearly.

List wins, percentages or miles (refer to Half Saddlebred Achievement Award 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 Half Saddlebred Achievement Award Rules – General, Rule 5)

Incomplete applications will be returned.