

NOMINATION FORM

AWARD and RECOGNITION PROGRAM

WESTERN CAROLINA ARABIAN HORSE ASSOCIATION

Owner: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Name of Horse _____ Registration No. _____

Date of Birth: _____ Sex _____ Color: _____

Please circle: Arabian Half-Arabian Anglo-Arabian

Please circle all that apply:

Division: Class A	Halter	Western	English
Open Shows	Halter	Western	English
Recreational Riding	Competitive Trail	Endurance Racing	

\$10.00 per Horse/ 1 horse per form

Mail To: WCAHA 107 Dean St, Belton, SC 29627

YOUTH FORM

Name _____ Male/Female _____

Address _____

Age _____ Date of Birth _____

Horse or Horses to be shown.	Class A	Open	Halter	Performance
	Recreational Riding		Competitive Trail/Endurance	

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