

**American Hackney Horse Society Foundation
ADULT AMATEUR DRIVING CHALLENGE**

Exhibitor Verification Form

Name of Show: _____

Date of Show: _____ Location of Show: _____

Exhibitor's Name: _____ Telephone: (____) _____

Mailing Address: _____ City: _____ St: ____ Zip: _____

Exhibitor's Social Security Number or Tax I.D. #: _____

Exhibitor's AHHS Membership Number: _____

Class Name	Hackney Name	Reg. No.	Placing	No. in Class

Exhibitor's Signature: _____

Show Secretary's Signature: _____

Verification forms must be mailed to the Treasurer within 31 days. Day 1 is the first day after the horse show ends. Verification forms received after the 31st day are null and void, and will not be paid.

**Mail to: Linda Allen
AHHS Foundation Treasurer
906 Rugby Place
Louisville, KY 40222**

**502-394-0042 home phone
502-394-0043 fax**

Note: Make copies of this form. Use only one form per show. Mail form promptly after each show.