

# 2017 ADULT AMATEUR DRIVING CHALLENGE

## Exhibitor Verification Form

Verification forms must be mailed to the Challenge Coordinator, postmarked no later than 10 days following the day of the horse show. Forms received more than 15 days after the show will be rejected. Forms must be complete with required signatures.

NAME OF SHOW \_\_\_\_\_

Show Date(s) \_\_\_\_\_

Exhibitor's Name \_\_\_\_\_ 2017 AHHS Membership No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Exhibitor's Social Security or Tax ID # \_\_\_\_\_

Exhibitor's Signature \_\_\_\_\_

Show Secretary Signature \_\_\_\_\_

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

Mail to:

AADC – Barbara Dunham

15503 US Hwy 23

Lucasville, OH 45648