



JERSEYBRED YEAR END AWARDS

NOMINATION FORM

(year)

Name of Horse: _____ **HALF ARABIAN**

Age: _____ Sex: _____ NJ Bred #: _____ Registration #: _____

Owner: _____ Social Security #: _____

Address: _____ County of Residence: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

CATEGORIES ENTERED (@ \$15 Per Category):

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL ENCLOSED: \$ _____

Owner's Signature: _____

Date: _____ NJHAHA dues paid: _____ Yes (required)

MAKE CHECKS PAYABLE TO: NJHAHA

SEND TO: Patt Bealer
6387 Mountain Rd.
Germansville, PA 18053

Phone: (610) 767-7346
Fax: (610) 767-9266
E-mail: cbea3@aol.com

Do not write below this line – for office use only

Received: _____ Amount: \$ _____ Check # _____ member () Horse's NJB #: _____