Cleveland Bay Horse Society of North America
Lifetime Achievement Award Program Enrollment

Please enroll me for: _____ Annual $10 _____Lifetime $50

Name: _____

Address: _____

Phone: _____ E-mail Address: _____

Type of enrollment:

____ Individual

_____ _____
Horse's registered name registration # Show name (if different)

____ Farm/Breeder group _____
Farm name or provide a group name for record keeping

For all horses to be included in this group, please provide:

Horse's registered name registration # Show name (if different)

_____

_____

_____

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****If a copy of the horse's registration document is not already on file with the Performance Awards Administrator, a copy for each horse enrolled will need to be provided with this form**.

Submit completed enrollment forms along with fee payable to the CBHSNA to:

Cindy Bank
LAA Program Administrator
1165 N. State St.
Painesville, Ohio 44077
Contact email: zuriel@oh.rr.com