



NORWEGIAN FJORD HORSE ALLIANCE Non-Competitive Awards Submission Form

You must be a NFHA member

Submissions Must Be Received By October 31

RIDER & HORSE INFORMATION

ONE FORM PER HORSE/RIDER COMBINATION PLEASE

Rider's Name: _____ Status: Junior (18 or under) Adult

Street: _____

City/State/Zip: _____

Phone/Email: _____

Horse: _____ Horse Owner: _____

Horse Registration or Record Number: _____

HOURS TO RIDE/DRIVE

Hours must be logged between 11/1/previous year through 10/31/current year

Age Category: 18 and Under 19 to 30 31 to 60 61 and Older

Total Hours (*Attach Log Sheet(s)*): _____

Fjord Community Ambassador

Events between 11/1/previous year through 10/31/current year
(If Needed, Attach additional Sheets)

Event _____

Date _____

Location _____

Event _____

Date _____

Location _____

Event _____

Date _____

Location _____

Volunteer Award
Events between 11/1/previous year through 10/31/current year
(If Needed, Attach additional Sheets)

Event _____

Date/Hours _____

Location _____

Event _____

Date/Hours _____

Location _____

Event _____

Date/Hours _____

Location _____

Therapy Horse of the Year

Horse: _____ Horse Owner: _____

Therapy Org: _____

Street: _____

City/State/Zip: _____

Phone/Email: _____

Justification

Submit this form to the Awards committee at nfhaawards@gmail.com