



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

Please enroll me for: _____ Annual \$10 _____ Lifetime \$50

Name: _____

Address: _____

Phone: _____ Email 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)

****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 CBHSNA to:

Carol A. Carson
LAA Program Administrator
401 S. Watson Ln.
Littleton, CO 80123
Contact email: carol.a.carson@lmco.com