NORTH AMERICAN SADDLE MULE & DONKEY ASSOC.

REGISTERED NAME:	OWNER'S NAME:
REGISTRATION NO:	MEMBERSHIP NO:
RIDERS NAME:	MEMBERSHIP NO:

Date	Class	Results %/Miles	No in Class (inc self)	Category Code	Contact Details Event/Organizer	Signature Steward/Judge/Secretary	NASMDA Area

One Form Per Mule/Donkey and Rider Combination

Please forward this form to the National Awards Committee tracey8337@gmail.com

I, declare that, to the best of my knowledge and belief, the information I have provided above is true and correct. _____ Date:_____