ABHR Showcase Brumby Of The Year Award		ABHR Showcase Brumby Of The Year Award	
ABHR Member:		ABHR Member:	
ABHR Member Number:		ABHR Member Number:	
Name Of Brumby:		Name Of Brumby:	
ABHR Registration Number:		ABHR Registration Number:	
Name Of Show:		Name Of Show:	
Date:		Date:	
Please list the class number of the show program		Please list the class number of the show program	
and the name of the class below. Also include if		and the name of the class below. Also include if	
you compete in Supreme Champion Led class.		you compete in Supreme Champion Led class.	
Have the show office staff stamp or sign your card		Have the show o	ffice staff stamp or sign your card.
Class Nbr Name of Class	ass	Class Nbr	Name of Class
Show Stamp/Signature:		Show Stamp/Si	gnature:
Mail your card to: ABHR Registrar,		Mail your card to: ABHR Registrar,	
197 Congarinni Rd North. Macksville NSW 24	47	197 Congarinni	Rd North. Macksville NSW 2447