

AOHA
Class Scratch Form
Please print all information

Exhibitor name: _____

Horse Name: _____

Back number: _____

Please scratch me from the following classes:

Class Number	Class name
()	_____
()	_____
()	_____
()	_____
()	_____
()	_____
()	_____
()	_____

Signature of exhibitor or parent/guardian

****PLEASE SUBMIT THIS FORM TO THE OFFICE WINDOW AT CRAWFORD AT LEAST TWO CLASSES (OR AS SOON AS POSSIBLE) PRIOR TO THE FIRST CLASS LISTED ON THIS FORM.**

****ONE FORM PER HORSE/EXHIBITOR COMBINATION.**