

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.