New Zealand Miniature Horse Association Inc



Please return form to NZMHA Measuring Coordinator Joan Coppell 48 King Street Taradale 4112

Phone: 06 844 7707

VOIDED HEIGHT CERTIFICATE RETURN

Name c	of Affiliated	d Club:					
Contact	t Person:						
Phone:					Email:		
DETAIL	_S OF ME	EASURII	NG DAY:				
Date:	/	/	Time:	: am/pm	Venue:		
VOIDEI	D HEIGH	T CERTI	FICATES: P	lease return the	ese certificates with	this form.	
	Cert #						
	Cert #						
	Cert #						
	Cert #						
	Cert #						
	Cert #						

DECLARATION: - I hereby certify that all information supplied is true and correct to the best of my knowledge and that I will ensure that this return is returned to NZMHA within seven days of the measuring taking place.

Signature:	Date:	/	/
Position:			

Checklist								
All details completed	Form Signed							
		09/2008						

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