



American Haflinger Registry
REGIONAL GROUP FINAL FUNDING REPORT

Name of Regional Group _____

Contact Person & Title _____

Address _____

Phone # and email address (if available) _____

Amount of funds received from AHR _____

Please provide details of the total cost for this event incurred by your organization, including the portion paid by the AHR:

Date of Event _____

Location of Event _____

Type of Event _____

Attendance at Event _____

Please provide a detailed description for this event including photos and positive results to the Haflinger breed resulting from your participation. Information provided may be used in future AHR publications or for planning purposes for future breed promotion activities.

(Please use additional paper as needed)

Return completed form to:

American Haflinger Registry
1686 East Waterloo Road
Akron, OH 44306