

# *Haflinger Horse Association New Zealand*



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE CONTACT DETAILS: \_\_\_\_\_

E-MAIL CONTACT DETAILS: \_\_\_\_\_

NAME AND REGISTRATION NUMBER OF HAFLINGERS IN YOUR OWNERSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SIGN HERE IF YOU CONSENT FOR YOUR CONTACT DETAILS TO BE DISTRIBUTED TO HHANZ MEMBERS OR OTHER INDIVIDUALS THAT MAY SEEK A CONTACT IN THEIR AREA REGARDING HAFLINGERS.

CONSENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please fill this out and return it to the HHANZ Secretary

Emma Hammond  
145 Campbell Rd, RD3, Winton 9783  
[secretary@haflinger.org.nz](mailto:secretary@haflinger.org.nz)

President  
Secretary  
Treasurer  
Registrar

Pat Reid  
Emma Hammond  
Pat Reid  
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