

Horse's Registered Name _____ Registration # HH _____
 Owner's Name _____ Email _____ Phone _____
 Rider / Driver / Handler's Name _____ Phone _____

Please DO NOT combine different divisions types on the same form.
 Use a new copy of this form for each division: In-Hand, Performance, Dressage, and Combined Training

This form is for the year of 20 _____

Date	Name of Competition (Type of competition) <u>Use a new form for each division type</u>	Name of Class or Test (Level, height, number of miles etc.)	Placing or Score	No. of Entries	Champ- ionship Class	Show Secretary's Signature (or Official's Signature)
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____
					Yes No	_____ Phone # _____