

IQHA 3rd District Open Competition Affilliate Program

General Reporting Form

Send to:

IQHA 3rd District—Lori Mennenga

112 250th St.

Meservey, Iowa 50457



Please use only one form per show, exhibitor and judge.

Horse Name: _____ Registration No. _____

Owner Name(s) _____ Membership No. _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ E-mail: _____

Owner Signature: _____ Date: _____

Show Name: _____ Show Date: _____

Show Sponsor: _____ Judge: _____

Location of show (city and state) _____

Points Earned *List the classes in which the Quarter Horse earned points per the IQHA point scale.*

Class No. Name of Class Placing # Entries IQHA Points

<i>Class No.</i>	<i>Name of Class</i>	<i>Placing</i>	<i># Entries</i>	<i>IQHA Points</i>

Exhibitor Name: _____ AQHA No.: _____

By signing the line below, I, as Show Manager/Show Secretary, agree to attest to the fact that I have seen, the above horse's AQHA registration papers (or copy thereof). I also attest that the above horse did compete and place as indicated on this reporting form. I further agree to, upon request from IQHA District 3, provide proof of such placings to IQHA District 3 Director for up to one year after the date of this competition.

Print Name: _____ Date: _____

Show Manager/Secretary Signature: _____

Phone No. _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

****RETURN WITHIN 30 DAYS OF SHOW**