ARABIAN HORSE ASSOCIATION OF EASTERN CANADA

OPEN SHOW RESULTS FORM

RIDER NAME: _____

HORSE NAME: _____OWNER:_____

SHOW NAME: _____ LOCATION: _____

SHOW DATE: _____

CLASS NAME	#OF ENTRIES	PLACING OR SCORE

SHOW SECRETARY NAME: _____ NUMBER: _____

SECRETARY SIGNATURE: _____ Date: _____

Submit completed form to Amanda Teune by December 31

powerpack8@hotmail.com