



EVENTING REPORT
YEAR _____

Name of Show or Event

Location

Date

Owner's Name

USEF #

Address

Registered Name of Horse

Reg #

Horse's USEF #

Rider

LEVEL COMPLETED	SCORE	JUDGE

I hereby attest to the authenticity of the above scores.

Show Secretary

Date

Return this form:
ASHBA Sport Horse High Point Program
4083 Wing Commander Way, Suite 50
Lexington, KY 40511

THIS FORM MUST BE SIGNED BY THE SHOW SECRETARY