



COMBINED DRIVING COMPETITION REPORT
YEAR _____

Name of Show or Event

Location Date

Owner's Name USEF #

Address

Registered Name of Horse Reg # Horse's USEF #

Show Name (if applicable)

Driver

CLASS	TEAMS/PAIRS/ETC.	PLACE/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