



the **WASHINGTON
STATE HORSEMEN**

HORSE SHOW DIVISION OFFICIAL PROTEST FORM

Date: _____

To: WSH Protest Committee

Name & Date of Competition: _____

Full name of accused: _____

List the Rule(s) and Article number(s) of each rule alleged to have been violated:

Additional Comments:

Witness, if any:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Second Witness, if any:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Your Name: _____ (Print)

Address: _____

Telephone: _____ Email Address: _____

Signature: _____