



*the* **WASHINGTON  
STATE HORSEMEN**

HORSE SHOW DIVISION  
PO Box 1010  
McKenna, Wa 98558  
253-208-8319

**“A” SYSTEM EXHIBITOR REPORT FORM**

Exhibitor Name: \_\_\_\_\_

Horse Name \_\_\_\_\_

Horse Show Attended: \_\_\_\_\_

Show Date: \_\_\_\_\_

CLASS NAME	# OF ENTRIES	PLACING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNATURES;**

Horse Show Secretary \_\_\_\_\_ Dated

Horse Show Sec. Tele. No. \_\_\_\_\_

++++**ONE FORM FOR EACH JUDGE**++++

**Exhibitor:**

Points counted from “A” Shows held in Washington State. It is your responsibility to fill  
Out the necessary information legibly and return to the address above within 10 days of  
Horse Show date. Show dates are from Jan. 1 to Sept. 30<sup>th</sup>.