

WASHINGTON STATE HORSEMEN
WORKING HORSE DIVISION

2017-2018
RECORDING FORM



**Only one horse/rider combination and one show per form.
Please include the show schedule with this form.**

RIDER/HORSE INFO:

Rider Name: _____ WSH #: _____

Horse's Name: _____

Name of Show: _____ Show Date: _____

City/Location of Show: _____

Organization Show is Sponsored By: _____

Judge's Name: _____

For the event listed above, list each class you entered, category, placing and number of riders in the class.

Class Name	Category Obstacle Trail, Ranch Sorting, Team Penning, Cutting, Working Cow, Mounted Shooting	Placing	# of Entries

I certify that the horse and rider named on this report did enter and place in the class(es) listed on this report.

Exhibitor's Signature: _____ Date: _____

Exhibitor's Phone: _____ Email: _____

As the show manager/secretary, I verify that the horse and rider combination did compete and place as indicated above and I will provide show results at the request of the WSH Working Horse Director (if needed) for up to one year from the date of this event.

Show Manager/Secretary's Signature: _____ Print name: _____

Date: _____ Phone: _____ Email: _____

Send this completed exhibitor report, along with the show schedule within thirty (30) days of the date of the show to:

WSH Working Horse Division
Attn: Susan Adrian, PO Box 657, Deming, WA 98244 or email to: hidnriver@comcast.net