

Western New York Quarter Horse Club, Inc.

OPEN SHOW RESULT FORM

Horse's Registered Name _____ Stallion [] Mare [] Gelding []
 AQHA Registration Number _____ Year Foaled _____
 Rider's Name _____ Phone _____ Age _____ Birth Date _____
 Address _____
 Horse Owner's Name _____ Phone _____
 Address _____
 Name/Location of Show _____ Date of Show _____

Name of Class	Placing	# of Horses in Class	WNYQHCI Open Show Division	WNYQHCI Use Only

_____ Horse Show Secretary's Signature _____ Name of Horse Show Secretary (please print) _____ Date
 _____ Rider's Signature _____ Date

Submit this form at the conclusion of each Open Show. Include copy of horse's AQHA Registration papers with first Results Form submitted. Unsigned or incomplete forms will not be accepted. Forms must be received by the WNYQHCI Point-keeper no later than October 20 for points to count.
Send form to: Virginia Beaton, 5074 Griswold St., Middleport, NY 14105