VIRGINIA ARABIAN HORSE ASSOCIATION AWARDS PROGRAM

POINTS RECORDING FORM

Name of Show or Event:					
Location: D				ate(s):	
Show Rating: USEF VHSA Unrec			zed	Other	
Name of Horse:				Owner of Horse:	
(A computer p	how Secretary/Event Coordinator:rintout showing the number of horses in eat coordinator. Dressage exhibitors: please a	ch class and	each placing ma	ay be attached in lieu of s	ignature of the show
Class #	Name of Class/ Description of Event	# in Class	Place Ribbon	Exhibitor	Leave Blank

Send to: Kimberly Graves 10908 Haislip Lane Lorton, VA 22079 703-898-1244 Kimberly_Graves@msn.com