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:_____Birthdate:_____

Address: _____ City:_____ State:_____

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 copies of your 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 30th for points to count.

Send Form to: Cheryl Bish 3796 North Ridge Road, Lockport, New York 14094