ASAC 2009 HORSE SHOW RECORD FORM

HORSE'S NAME:_____

RIDER'S NAME:_____
(Please circle if you are an Equitation or Academy rider)

DIVISION:_____

STABLE NAME:_____

EXHIBITOR/OWNER_____

EMAIL ADDRESS:_____

ADDRESS:_____

TELEPHONE:_____

Show Name & Location	**Class number**	**Show Rating (a.b.c)**	**Place**	**Points**
			Total points -	

Use separate sheet for **each** class nominated. **Results must be received by 7/15/09**.
Final results must be received by 11/15/09.

Mail record form to: ASAC Awards Chairman
Trip Stewart
1411 Laurel Lane
Gastonia, NC 28054
(704) 864-9197