

CRHA OPEN SHOW POINT PROGRAM EXHIBITOR'S REPORT



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EXHIBITOR'S NAME				MEMBERSHIP#						
RANGER	BRED'S NAME				REG	ISTRATIO	N#			
ADDRESS										
TELEPHONE										
	(NAME & ADDRES									
NAME OF EVENT				DATE OF EVENT						
	TATE OF EVENT									
	ORGANIZATION .									
Please incl	ude a copy of the sho ase use a separate sho	wbill with th	is report. Re	ports are to	be mailed w	ithin ten (1	0) days of the eve			
Class #	Name of Class			Placing			No. Entries	Office use or		
	If you need m	ore lines,	use bacl	k of this	form.		•	•		
We hereby	certify that the horse	e listed abov	e placed as r	noted above	at the listed	event. The	show secretary k	indly agrees		
to verify th	nese placings if reques	sted by an of	ficial of the	CRHA.						
Show Se	cretary Signature					[Date			
Printed r	name of Secretary				Pho	one #				
Exhibitor	's Signature					D	ate			
	rds are earned in you		=	-	-	-		e kept		
separately	from open classes, in	the youth p	rogram. CR	HA sponsor	ed events ar	e double po	oints.			
	# in Class	1st	2nd	3rd	4th	5th	6th			
	1-2	1/2	-	-	-	-	-			
	3-5	1	1/2	-	-	-	-	_		
	6-9	2	1	1/2	-	-	-	_		
	10-15	3	2	1	1/2	-	-	_		
	16-20	4	3	2	1	1/2	-			

Send this form and show bill, or if you have any questions to Toni Lukavich at the above email or mailing address.

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1/2

4

21+

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Class #	Name of Class	Placing	No. Entries	Office use only