IDHSNA YEAR END AWARDS RESULTS REPORTING FORM

Horse's Reg. Name:		Horse's Alias(s):		Alias Reg. w/:	
IDHSNA Reg. #:		Horse's DOB:		Previous or Current Rider(s)	
Owner's Name:				Owner's IDHSNA #:	
Owner's Address:				Owner's Email:	
Owner's City:		State:		Zip:	Phone:

Date	Show	Class/# of Starters	Show Secretary	Contact Phone #	Discipline/Level	Recog. By	Tier	Place	Office Use Only		

Please include USEA or USEF printout which includes number of starters per division, if applicable. Please write Legibly.

Rev: 3/30/16