

OHSA 2012 Competition Form



OPEN HORSE SHOW ASSOCIATION

... show locally, achieve nationally

This form covers only one horse/rider combination and one show, and must be completed in its entirety. Please include a show premium list, show bill, or show schedule with this form Reports submitted with incomplete information will not be accepted. Please write legibly. Competition Forms must be submitted to OHSA within 60 days of show date. Scan and e-mail is acceptable.

Horse's Participation Registration Name	Horse's Participation Registration Number	
Member's Name	Member Number	
Name of Show	Show Date	
Location of Show (arena name)	Show City	Show State
Show is Approved or Sponsored By	Judge's Name	

For the show or event referenced above, list below each class entered and the placing (use additional paper if necessary).

Class name	Number in Class	Placing	Class Name	Number in Class	Placing

We certify that the horse named on this report did in fact enter and place in the class(es) as listed on this report. Our submission of this form indicates our compliance with OHSA Competition Rules, Articles 4, 5, and 6.

Exhibitor's Signature _____ Date _____

Please forward this completed report, along with a show bill, within thirty (30) days of the date of the listed show to OHSA.

As show Manager/Secretary, I confirm that the named horse and member did compete and place as indicated above and I can and will provide formal results at the request of OHSA up to one year from the date of this event.

Show Manager/Secretary's Signature _____

_____ tact Phone _____ E-mail _____

Points Awarded Chart						
Number of Horses in Class	1 st Place	2 nd Place	3 rd Place	4 th Place	5 th Place	6 th Place
1	1					
2	2	1				
3	3	2	1			
4	4	3	2	1		
5	5	4	3	2	1	
6-9	6	5	4	3	2	1
10-14	7	6	5	4	3	2
15-19	8	7	6	5	4	3
20-24	9	8	7	6	5	4
25+	10	9	8	7	6	5

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