

OHSA 2024 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. Reports submitted with incomplete information will not be accepted. Please write legibly.

Horse Participation Registration Name

Horse OHSA Participation Number

Member 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 2nd page of form if necessary). **Indicate in the first column if the class was a 2 gait (walk trot; walk jog; 2 gait) class. In the second column indicate the type of seat ridden if the class name is not specific.** The class number refers to the number on the show's class list (this will help ensure we match up the classes correctly). Use the chart below to determine the points earned in each class. Competition Forms will be audited for accuracy!

W/T	Hunt Seat/ Saddle Seat/ Western	Class Number	Class name	# in Class	Placing	Points

We certify that the horse named on this report did in fact enter and place in the class(es) as listed on this report. Submission of this form indicates compliance with OHSA Competition Rules, as defined in the OHSA 2024 Member Rulebook.

Exhibitor's Signature

Date

Please forward this completed report, along with a show bill. In lieu of the show bill and manager/secretary signature you can include the show's website. Website must have complete show information including results. If results are not posted publicly then show manager/secretary must sign below.

Forms must be mailed or emailed to the address below within 60 days of the date of the show. Forms must be received no later than January 31, 2024.

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. If the event was virtual, simply input the website/facebook address below.

Show Manager/Secretary's Signature

Date

Contact Phone

E-mail

Points Awarded Chart						
# 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

OHSA
 PO Box 601
 Titusville, FL 32781
 321-863-0456
info@showohsa.com
<http://www.showohsa.com>

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Page 2 – Only complete this page if you need to submit more than six classes. If you are submitting six or fewer classes only complete page 1.

Member Name

Horse Participation Registration Name

Name of Show

Show Date

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Points Awarded Chart						
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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