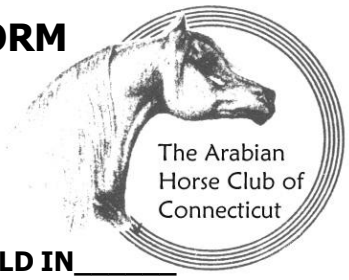
AHCC YEAR END AWARDS POINTS FORM
CT LOCAL SHOW SERIES
2011



NAME OF SHOW_____ **STATE HELD IN**_____

DATE OF SHOW _____

NAME OF HORSE _____ **PB** _____ **HA**_____

Class #	Class Description	Rider/Handler	Placing

Copy form as needed! Please note AHA (Class A Shows) should not be submitted on this form

1. Complete and mail or email the AHCC points Chair WITHIN 30 DAYS of the date of the show.
2. This form must be signed if this show is an open unapproved AHCC show**
3. **INCLUDE a copy of the class list if this show is not approved by AHCC
4. Please keep a copy of our points for your records
5. Use a different form for each horse.
6. Rider/handler must be paid member of the AHCC to qualify

_____

Show Secretary Signature Date

Phone#_____

Note:
Address change →→→

Dee Bowen/AHCC YEA
C/O Océ
100 Prestige Park Road
East Hartford, CT 06108
860 367-7484
eponastouch@sbcglobal.net