

AHCC YEAR END AWARDS POINTS FORM REGION 16 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!

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 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(s) 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