AHCC YEAR END AWARDS POINTS FORM
AHA REGION 16 SHOW SERIES
2010

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 **Local CT Shows** should not be submitted on this form

1. Complete (even if you do not place!) 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 your points for your records
5. Use a different form for each horse.
6. Rider and Owner must both be paid members of the AHCC to qualify

_____

Show Secretary Signature Date

Phone#_____

Dee Bowen
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