

# REGION 2 CATHERINE B. JACOB SCHOOLING SHOW YEAR END AWARDS RESULTS FORM

PLEASE MAKE COPIES

ONE HORSE/RIDER/LEVEL/FORM  
YOU MAY PUT MORE THAN ONE SHOW ON THIS FORM

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LEVEL \_\_\_\_\_ DIVISION: JR    ADULT/AM    OPEN    VINTAGE (A/A or OPEN)

HORSE'S NAME \_\_\_\_\_

RIDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

GMO: \_\_\_\_\_

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NAME OF CLASS	PERCENTAGE	NAME OF JUDGE

SIGNATURE \_\_\_\_\_

ENCLOSE READABLE COPY OF FRONT OF EACH TEST WHICH INCLUDES THE JUDGE'S SIGNATURE, SCORE, RIDER'S NAME, HORSE'S NAME AND NAME OF TEST. YOU MAY LIST MORE THAN ONE SHOW ON THIS FORM.

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