

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

PLEASE MAKE COPIES
PLEASE PRINT LEGIBLY

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

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 _____

NAME OF CLASS/ _____ SCORE / _____ 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.

Mail to: Catherine B. Jacob, Points Person, 7230 Cincinnati Brookville Road, Okeana, OH 45053 513.335.0009

Cathbjacob5@gmail.com