

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

PLEASE MAKE COPIES

ONE HORSE/RIDER PER LEVEL PER FORM
YOU 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 _____

GMO: _____

| 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.

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

Questions? Cathy Jacob at 513.335.0009 Cathbjacob5@gmail.com