

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

PLEASE MAKE COPIES – **PRINT CLEARLY** - PLEASE READ THE RULES PRIOR TO SUBMITTING!!

ONE HORSE/RIDER COMBINATION 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 _____

Submit FOUR tests, from a minimum of TWO different judges.

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