

AMERICAN HALF QUARTER HORSE REGISTRY
 “HALF” TO PERFORM POINTS PROGRAM
 SHOW REPORT

Please use this report for one horse and one show only. Be sure to provide complete information and signatures and include a show premium or bill.

Horse’s name: _____ AHQHR # _____
 Member’s name: _____ Member # _____
 Name of Show: _____ Show Date _____
 Location of Show (arena, city & State): _____

Organization Sponsoring show: _____

List the classes entered and placing:

Class	Placing	# of Entries	Judge’s Name

We certify that the information submitted above is true and correct.

Exhibitor’s signature: _____
 Date _____ AHQHR Member # _____

Owner’s signature: _____
 Date _____ AHQHR Member # _____

As show Manager/ secretary I have seen the above named horse’s “Half” to Perform enrollment card, copy of AHQHR registration papers and participant’s current AHQHR membership card. I confirm that the horse did compete and place as indicated above and can be contacted if necessary.	
Name	Date
Email	Phone#
Signature	

Please send this form and a show bill, within 30 days of show date to:
 American Half Quarter Horse Registry.
 POB 2111
 Carlsbad, NM, 88221