

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.**

<b>Name</b>	<b>Date</b>
<b>Email</b>	<b>Phone#</b>
<b>Signature</b>	

Please send this form and a show bill, within 30 days of show date to:  
 American Half Quarter Horse Registry.  
 POB 1198  
 Apache Junction, AZ. 85217-1198