

The National Horse Show Association of America, Ltd.
The American Society for the Prevention of Cruelty to Animals
MACLAY HORSEMANSHIP CLASS

RESULTS FORM

SHOW NAME: _____ DATE: _____

CONTACT: _____ CELL: _____

USEF COMP #: _____ EMAIL: _____

- Results must be submitted within 10 days of the competition end date.
- **Please submit computer generated results and class complete sheet with trainer names.**
- **This result sheet may be used if no computer / show software was used.**

Place Rider Name, Address, USEF # and Trainer Name, Address, USEF#

1st _____

Trainer _____

2nd _____

Trainer _____

3rd _____

Trainer _____

4th _____

Trainer _____

5th _____

Trainer _____

6th _____

Trainer _____

Continue listing ALL RIDERS & TRAINERS on a separate sheet if more room is needed.

of entries _____ x \$10 _____ Total _____

of riders that completed the course _____

Please make checks payable to the National Horse Show and mail to:

National Horse Show
2245 Stone Garden Lane, Lexington, KY 40513
Cell: 859-608-3709 Fax: 866-285-9496 email: cindy@nhs.org

PLEASE ATTACH A CLASS SHEET WITH RIDERS & TRAINERS LISTED TO THIS RESULT FORM