SCQHA Open Show Program Results

Name_____ Horse_____
Show Name_____ Date_____
Location_____ Show Judge_____

Class Name	Number of Entries	Placing	Points Awarded

This form must be signed by the show secretary and returned within 30 days of the show.

Secretary Signature_____Date_____

Rider Signature_____Date_____

Please return to Sue Cox
489 Longtown Rd.
Lugoff, SC 29078

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