



CWHBA

AWARDS PROGRAM - RESULTS REPORTING FORM

Horse Registered Name:
Nom d'enregistrement du Cheval: _____

Horse Competition Name:
Nom de compétition du Cheval: _____

CWHBA Reg. #: _____ Passport/USEF #: _____

Owner/Lessee: _____ CWHBA Membership #: _____
Propriétaire: _____

Show: _____ Prov/State: _____ Circuit: EC Gold/Silver Bronze/Provincial USA
 USEF USDF USEA

Date yy-mm-dd	Class	Judge	Placing (1 - 10)	Office Use Only Points

I, _____ owner/lessee of _____
above, do swear that the above information is true.

Owner/Lessee Signature: _____

Multiple forms can be used for a show, but only one show per form please.

Please submit form to / Courriel:
awardsprogram@canadianwarmbloods.com

If Mailing / Soumettre le formulaire (poste, fax ou courriel):
AWARDS PROGRAM - CWHBA c/o
6388 Weir Road, Knutsford, British Columbia Canada V0E 2A0

Please download Fillable Form to save before emailing.