



CWHBA

AWARDS PROGRAM - RESULTS REPORTING FORM

Horse Registered Name: _____

Horse Competition Name: _____

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

Owner/Lessee: _____ CWHBA Membership #: _____

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:

awardsprogram@canadianwarmbloods.com

If Mailing:

AWARDS PROGRAM - CWHBA c/o
 R.R. #2 Site 212 Comp. 1
 Prince Albert, Saskatchewan, Canada S6V 5P9