

KAHABA Competitions Exhibitor Event Verification Report Form

This report covers only one horse and one show, and must be completed in its entirety. Please include show premium list with this form, if such a list is available. KAHABA will have final approval of this event.

Horse's Name: _____ AHA Reg. #: _____

Owner's Name: _____ AHA Membership #: _____

Name of Show: _____ Date of Show: _____

Show Facility Name: _____

Show is Sponsored By: _____

Judge's Name: _____

**List below name of classes entered, placing and number of entries, at the show referenced above.
A horse will automatically earn 1-point when entered regardless placing and will earn 1-point 1st-4th.**

Name of Class	Placing	# of Entries

We certify that the horse listed on this form, did in fact enter in the classes listed above.

Exhibitor's Signature: _____ Date: _____

Exhibitor's Phone #: _____ Email Address: _____

Owner's Signature: _____ Date: _____

Owner's Address: _____

Owner's City: _____ State: _____ Zip: _____

Owner's Phone #: _____ Email Address: _____

As show Secretary, I confirm that the horse did enter & compete as indicated above, and I also agree to provide formal results, at the request of the show manager up to one year from the date of this event.

Show Secretary Signature: _____ Date: _____

Phone #: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Please return this form to the KAHABA Secretary: Rebecca Reed, 8996 Dover Road, Shelbyville, KY 40065. Phone #: 502-844-2242 or Email: chegrana@aol.com

NO POINTS WILL BE REWARDED WITHOUT COMPLETED and SIGNED FORM!

