

## KAHABA Competitions Exhibitor Event Verification Report Form 2010

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 1<sup>st</sup>-4<sup>th</sup>.**

Class #	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 certified mail to KAHABA P.O. Box 436004, Louisville, KY 40253** Secretary  
Rebecca Reed Phone #: 502-321-1060 or Email: [chegrana@aol.com](mailto:chegrana@aol.com)

**NO POINTS WILL BE REWARDED WITHOUT COMPLETED and SIGNED FORM!**

