2009 Region 10 Point System Reporting Form

NAME OF SHOW	DATES	NAME OF HORSE
OWNER'S NAME	SHOW SECRETARY'S NAME	NAME OF EXHIBITOR
ADDRESS	SHOW SECRETARY'S PHONE NUMBER	**One form per horse per show**
CITY, STATE, ZIP	Return form to **Gay Jeanne Bower, PO Box 6, Johnson Creek, WI 53038**	

Class Number	Class Name	Number in Class	Place	Points	Rider/Handler Name

Total Points Points include one for yourself and one of each horse you beat.

Select Division:

- ☐ Arabian Adult Amateur Owner
- ☐ Arabian Junior Amateur Owner
- ☐ Half-Arabian Adult Amateur Owner
- ☐ Half-Arabian Junior Amateur Owner

Questions or concerns - contact Gay Jeanne Bower at gayjbower@yahoo.com