# CWHBA

## AWARDS PROGRAM - RESULTS REPORTING FORM

Horse Registered Name: _____

Horse Show Name: _____

CWHBA #: _____ Passport/USEF #:_____

Owner/Lessee: _____ CWHBA Membership #: _____

Show: _____ Circuit: _____

| Date yy-mm-dd | Class | Judge | Placing (1 - 6) | Office Use Only Points |
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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