



# 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