

# OSAP General Reporting Form

American Tobiano Overo Association  
789 W M-113  
Kingsley, MI 49649  
[ATOApaints@gmail.com](mailto:ATOApaints@gmail.com)  
(21)620-4042



Please use only one form per show, exhibitor and Judge. Form must be completed and signed.  
Include a show premium list with this form if available. ATOA will have final approval for points

Horse Name: \_\_\_\_\_  
Owner Name(s): \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Show Name: \_\_\_\_\_  
Show Sponsor: \_\_\_\_\_  
Location of Show: (city and state): \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

List of classes in which the Paint earned points according to the OSAP point scale.

OP=Open, YA=Youth, AM=Amateur

Class No.	Class Name	Placing	No. of Exhib.	OP, YA or AM

By signing the line below, I, as Show Manager/Show Secretary, agree to attest to the fact that I have seen the above horse's OSAP enrollment card and ATOA registration papers. I also attest that the above Horse did compete and place as indicated on this reporting form. I further agree to, upon request from ATOA, provide proof of such placings to ATOA for up to one year after the date of this competition.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Show Manager/Secretary Signature: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

