OSAP General Reporting Form

American Tobiano Overo Association
789 W M-113
Kingsley, MI 49649
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____