WAHA Point System Reporting for Horse and Exhibitor Half Arabian Divisions

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	Horse Points	Horse Division	Exhibitor* Division	Exhibitor* Points	Rider/Handler Name
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	

** Use only if entered in Exhibitor Divisions*

Horse Total Points by Division Number

As shown on this form

Division Number	Total Points

Total LOM Halter Points	
Total LOM Performance Points	

Exhibitor Total Points by Division Number

As shown on this form

Division Number	Total Points

Questions or concerns - contact Debbie Alt dalt5940@yahoo.com

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