WAHA Point System Reporting for Horse and Exhibitor

NAME OF SHOW	DATE(S)	NAME OF HORSE	
OWNER'S NAME	SHOW SECRETARY'S NAME	NAME OF EXHIBITOR*	
OWNER EMAIL ADDRESS	SHOW SECRETARY'S PHONE NUMBER	Email to: OR Doeke10@gmail.com	Mail to: Amber Severson 3767 Sky High Rd Cottage Grove, WI 53527

Class Name	Place	Horse Points	Horse Division #	Exhibitor* Division #	Exhibitor* Points	Rider/Handler Name
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