## IQHA 3rd District Open Competition Affilliate Program General Reporting Form

Send to:

## IQHA 3rd District—Lori Mennenga 112 250th St.

Meservey, Iowa 50457

Diagram use only one form nor show owhibitor and indeed					
Please use only one form per show, exhibitor and judge		Registration No			
Owner Address:					
Phone () E-mail:					
Owner Signature:					
		Show Date:			
Show Sponsor:					
Location of show (city and state					
Points Earned       List the classes in which the Quarter Ho         Class No.       Name of Class	rse earnea points per tr	ne IQHA points Placing	# Entries	IQHA Points	
1			1	1	
•				•	
Exhibitor Name:		AQHA No.:			
Exhibitor Signature					
By signing the line above I certify upon my honor that the ab place as indicated on this reporting form. I further agree to, Director for up to one year after the date of this competition	upon request from IQHA [				
Show Manager Name:		Date:			
(Show Manager signature not required)					
Phone No.	Email:				

Address:\_\_\_\_

\_\_City:\_\_\_\_\_\_Zip:\_\_\_\_\_