



OPEN COMPETITION AFFILIATE PROGRAM REPORTING FORM

Please use only one form per show, judge and exhibitor

Exhibitor Name: _____ Horse Name: _____
 Show Name: _____ Judge: _____
 Show location: _____ Date: _____

*An official show printout with show name, class counts & placings will be accepted if attached to this form.

* **Points Earned:** Calculate points per the IQHA point scale (see chart below)

Class No.	Name of Class	Placing #	Entries	Points

By signing below, I, as Show Manager/Show Secretary, agree to attest to the fact that the above horse did compete and place as indicated on this form. I further agree to, upon request, provide proof of such placings to IQHA Dist. 4 Director.

Print Name: _____ Email: _____

Show Mgr/Secy Signature: _____ Phone No.(____) _____ Date: _____

Points will be calculated by using the IQHA Point System. Points are awarded to first through nine placing.
 First place receives nine points, and on down the line, with ninth place receiving one point.

# Horses	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
9 or more	9	8	7	6	5	4	3	2	1
8	8	7	6	5	4	3	2		
7	7	6	5	4	3	2	1		
6	6	5	4	3	2	1			
5	5	4	3	2	1				
4	4	3	2	1					
3	3	2	1						
2	2	1							
1	1								

Point
Calculation
Chart

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