

**IQHA 5th District Open Competition Affiliate Program
GENERAL REPORTING FORM**

**Send to:
IQHA 5th District - c/o Jackie Kincaid
1516 SE Summerpark Drive
Ankeny, Iowa 50021**

Please use only one form per show, exhibitor and judge.

Horse Name: _____ Registration No.: _____
 Owner Name(s): _____ Membership No.: _____
 Owner Address: _____ City: _____ State: _____ Zip: _____
 Phone (____) _____ E-mail: _____
 Owner Signature: _____ Date: _____

Show Name: _____ Show Date: _____
 Show Sponsor: _____ Judge Name: _____
 Location of Show (city and state): _____

Points Earned Section *List the classes in which the Quarter Horse earned points per the IQHA point scale.*

Class No.	Name of Class	Placing	# of Entries	IQHA Points

Exhibitor Name: _____ **AQHA Membership No.:** _____

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 AQHA registration papers (or copy thereof). I also attest that the above horse did compete and place as indicated on this reporting form. I further agree to, upon request from IQHA 5th District, provide proof of such placings to IQHA 5th District Director for up to one year after the date of this competition.

Print Name: _____ Date: _____
 Show Manager/Secretary Signature: _____
 Phone No.: _____ E-mail: _____
 Address: _____ City: _____ State: _____ Zip: _____

****RETURN WITHIN 30 DAYS OF SHOW**