



Virginia Quarter Horse Association

Open Show Program | Reporting Form

Exhibitor Name: _____ Youth DOB: _____ Amateur Y N
 Address: _____ City: _____
 E-mail: _____ Phone: _____

Registered AQHA Name: _____ AQHA #: _____
 Owned by : _____ AQHA #: _____

All-Breed Horse Name: _____ Breed: _____

Current VQHA member? Yes No - **Please attach completed membership form and dues**

All-Breed Division Member: Yes No - **Please attach completed membership form and dues**

Name of Show: _____ Show Date: _____

Sponsoring Organization: _____

Show location: _____

Meeting Attendance - Region: _____ Youth: _____ Date: _____

Class	Division	Place	# of Entries

I certify that all information on this form is complete and accurate.

_____ Date: _____
 Authorized Show or Points Secretary Signature

Secretary Phone: _____ Secretary Email: _____

_____ Date: _____
 Regional Director or Youth Director Signature

_____ Date: _____
 Exhibitor Signature

A separate copy of this report must be used for each show and **received within 30 days of the show.**
Duplicate this form as needed. This form is available for download at www.VAQuarterHorse.com
 • **Make a copy for your records** and send the Original form to:

Lisen Ringer, 5452 N Sunland Drive, Virginia Beach, VA 23464-4066

Contest is subject to all VQHA Open Show rules.