



Sponsored by Appaloosa Horse Club

OFFICE USE ONLY
Date Keyed: _____
W/O: _____
AC3: _____

EXHIBITOR'S REPORT

*Only one horse, one rider, one judge & one show may be reported per Exhibitor's Report. All information **MUST** be complete; reports submitted with incomplete information will not be accepted. Include a show premium with each form. **Please write legibly.***

Horse's Name _____	Registration Number _____
Owner's Name _____	Owner's E-mail Address _____
Owner's Address _____	City _____ State _____ Zip _____
Name of Show _____	Show Date(s) _____
City & State of Show _____	Sponsoring Organization _____
Judge's Name _____	Judge's City & State _____

*Please list the class number & class name according to **THIS** Exhibitor's Report's Show Premium, your final placing in each class and the number of entries you competed against in that specific class.*

CLASS # & NAME According to this Report's Show Premium	ACAAP CATEGORY According to RULE 420.N. in current ApHC Official Handbook	PLACING or 4-H RIBBON COLOR	# OF ENTRIES in specific class	ApHC USE ONLY

护 Check if this 4-H show was judged Danish

...continue on back →→→

We, the undersigned do hereby certify that the horse listed on this report did in fact enter and place in the class(es) as stated in this report. We attest that the Exhibitor's Signature and Owner's Signature are true to this show and date.

Exhibitor's Signature	Date	Exhibitor's Phone Number
Owner's Signature	Date	Owner's Phone Number

As Show Manager/Secretary, I have seen the above listed horse's original registration papers or a copy of the registration papers, and the horse's ACAAP Membership Card or the owner's ApHC Membership Card, for the current year. I confirm that the above listed horse did compete and place as stated. I can and will provide formal results to the ApHC upon request from the ApHC Show Department for up to one year from the date of this event. **(PLEASE FILL OUT THE ENTIRE BELOW SECTION.)**

Show Manager's/Secretary's Signature	Date	Phone Number
Printed Name of Show Manager/Secretary	E-mail Address	
Address of Show Manager/Secretary	City	State Zip

CLASS # & NAME According to this Report's Show Premium	ACAAP CATEGORY According to RULE 420.N. in current <i>ApHC Official Handbook</i>	PLACING or 4-H RIBBON COLOR	# OF ENTRIES in specific class	ApHC USE ONLY

MERIT TABULATION

See Rule 420.J. in the current *Appaloosa Horse Club Official Handbook* for all merit tabulating methods.
 To download a copy of the current *ApHC Official Handbook*, visit www.appaloosa.com.

Please allow 4-6 weeks for merit processing.

Return the completed report **AND** show premium within **thirty (30) days** of the show date to:

**Appaloosa Horse Club
 ATTN: ACAAP Coordinator
 2720 West Pullman Road
 Moscow, ID 83843**

ACAAP Contact Information:

Phone Number: 208.882.5578
E-mail Address: acaap@appaloosa.com

Processing for the first 5 ACAAP categories is included with the enrollment fee. After the first 5 categories it will be a onetime \$5 charge per additional category. For complete ACAAP rules, see pg 85 in the current *ApHC Official Handbook*.

APPALOOSA HORSE CLUB RESERVES FINAL APPROVAL OF THIS EVENT