

2017 WAHA Point System Reporting for Horse and Exhibitor Half Arabian Divisions

NAME OF SHOW	DATES	NAME OF HORSE
OWNER'S NAME	SHOW SECRETARY'S NAME	NAME OF EXHIBITOR*
ADDRESS	SHOW SECRETARY'S PHONE NUMBER	One form per horse per show
CITY, STATE, ZIP	Return form to Gay Jeanne Bower, PO Box 6, Johnson Creek, WI 53038	

Class Number	Class Name	Number in Class	Place	Horse Points	Horse Division	Exhibitor* Division	Exhibitor* Points	Rider/Handler Name
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	
						*	*	

Horse Total Points by Division Number <i>As shown on this form</i>	Division Number	Total Points
Exhibitor Total Points by Division Number <i>As shown on this form</i>	Division Number	Total Points

* Use only if entered in Exhibitor Divisions

Total LOM Halter Points	
Total LOM Performance Points	

Questions or concerns - contact Debbie Alt dalt5940@yahoo.com