

OHSA 2021 Competition Form



OPEN HORSE SHOW ASSOCIATION

show locally... achieve nationally

This form covers only one horse/rider combination and one show, and must be completed in its entirety. Members must include a show premium list, show bill, or show schedule with this form. Reports submitted with incomplete information will not be accepted. Please write legibly.

Horse Participation Registration Name **That Funky Monkey** Horse OHSA Participation Number **H771**
 Member Name **Leah Smalley** Member Number **100566**
 Name of Show **Alliance EC IDS Schooling Show** Show Date **8/28/2021**
 Location of Show (arena name) **Alliance Equestrian Center** Show City **Yorktown** Show State **IN**
 Show is Approved or Sponsored By **AEC & IDS** Judge's Name **Lynda Weese**

For the show or event referenced above, list below each class entered and the placing (use 2nd page of form if necessary). Indicate in the first column if the class was a 2 gait (walk trot; walk jog; 2 gait) class. In the second column indicate the type of seat ridden if the class name is not specific. The class number refers to the number on the show's class list (this will help ensure we match up the classes correctly). Use the chart below to determine the points earned in each class. Competition Forms will be audited for accuracy!

W/T	Hunt Seat/ Saddle Seat/ Western	Class Number	Class name	# in Class	Placing	Points
X	Dressage	1	USDF Intro Test A	2	1	2
X	Dressage	2	USDF Intro Test B	2	2	1

We certify that the horse named on this report did in fact enter and place in the class(es) as listed on this report. Submission of this form indicates compliance with OHSA Competition Rules, Articles 3, 4, 5, and 6.

Exhibitor's Signature *Leah Smalley* Date **8/28/2021**

Please forward this completed report, along with a show bill. Forms must be mailed or emailed to the address below within 60 days of the date of the show. Forms must be received no later than January 31, 2022.

As show Manager/Secretary, I confirm that the named horse and member did compete and place as indicated above and I can and will provide formal results at the request of OHSA up to one year from the date of this event.

Show Manager/Secretary's Signature *Mildred* Date **9/8/21**
 Contact Phone **765-730-3593** E-mail **whistlerequine services@yahoo.com**

# of Horses in Class	1 st Place	2 nd Place	3 rd Place	4 th Place	5 th Place	6 th Place
1	1					
2	2	1				
3	3	2	1			
4	4	3	2	1		
5	5	4	3	2	1	
6-9	6	5	4	3	2	1
10-14	7	6	5	4	3	2
15-19	8	7	6	5	4	3
20-24	9	8	7	6	5	4
25+	10	9	8	7	6	5

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