

**2008 WISCONSIN STATE HORSE COUNCIL  
CHAMPIONSHIP CHALLENGE Qualifying Placings Reporting Form**

Exhibitor Name \_\_\_\_\_ Age (as of 1/1/08) \_\_\_\_\_

Address \_\_\_\_\_ Horse's Name \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Nomination Class** \_\_\_\_\_

1. Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

Class Name \_\_\_\_\_ Placing \_\_\_\_\_

Show Secretary \_\_\_\_\_ Show Secretary Phone \_\_\_\_\_

2. Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

Class Name \_\_\_\_\_ Placing \_\_\_\_\_

Show Secretary \_\_\_\_\_ Show Secretary Phone \_\_\_\_\_

**Nomination Class** \_\_\_\_\_

1. Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

Class Name \_\_\_\_\_ Placing \_\_\_\_\_

Show Secretary \_\_\_\_\_ Show Secretary Phone \_\_\_\_\_

2. Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

Class Name \_\_\_\_\_ Placing \_\_\_\_\_

Show Secretary \_\_\_\_\_ Show Secretary Phone \_\_\_\_\_

*Please attach a copy of the show bills also.*

*Please keep a copy of this for your own records. Send to WSHC office, PO Box 72  
Columbus, WI 53925.*

*Please send form within 14 days of qualifying. Questions, contact Nancy Edwards  
262-673-9092.*