



# CHAMPIONSHIP CHALLENGE

## *Open Show Program*

### Qualifying Placings Reporting Form

Exhibitor Name \_\_\_\_\_ Age (as of Jan 1st) \_\_\_\_\_

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

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

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

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

Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

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

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

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

Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

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

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

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

Name of Show \_\_\_\_\_ Date of Show \_\_\_\_\_

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

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

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

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.  
Please send form within 7 days of qualifying*

*Send to WSHC office, PO Box 72 Columbus, WI 53925*

*Questions, contact Nancy Edwards 262-673-9092 or WSHC at 920-623-0393 or [info@wisconsinstatehorsecouncil.org](mailto:info@wisconsinstatehorsecouncil.org).*