



PO BOX 375 LAKE ARIEL, PA 18436

## NPHA RESULTS FORM

Name of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Show Manager: \_\_\_\_\_ Steward: \_\_\_\_\_

Judge: \_\_\_\_\_

Cost per Entry: \_\_\_\_\_ Cost per Stakes Class: \_\_\_\_\_

Total # of Exhibitors: \_\_\_\_\_ Total Stakes \$ Paid: \_\_\_\_\_

LIST NPHA DIVISION, NUMBER OF ENTRIES IN EACH CLASS AND TOTAL DIVISION ENTRIES

	<u>Division</u>	<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>	<u>Class 4</u>	<u>Total</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

LIST NON-NPHA DIVISION, NUMBER OF ENTRIES IN EACH CLASS AND TOTAL DIVISION ENTRIES

	<u>Division</u>	<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>	<u>Class 4</u>	<u>Total</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Short Description of Show:

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Show Manager's Signature:

Date:

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***PLEASE RETURN THIS FORM, ALONG WITH ORIGINAL JUDGES' CARDS AND DIVISION SHEETS, TO THE APPROPRIATE NPHA POINTS SECRETARY (ENGLISH, WESTERN OR DRESSAGE) WITHIN 5 BUSINESS DAYS OF THE EVENT.***