ILLINOIS QUARTER HORSE ASSOCIATION

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OPEN SHOW POINT FORM

NAME _____ **Adult** **Youth** **D.O.B.** _____

ADDRESS_____

CITY_____**STATE**_____**ZIP**_____

PHONE (_____) _____ **OR** (_____) _____

HORSE NAME_____**YEAR FOALED** _____

Use reg. name, not barn name, please

REG. # _____

SHOW/EVENT NAME _____**DATE** _____

SHOW/EVENT SECRETARY NAME (Please print) _____

SHOW/EVENT SECRETARY SIGNATURE_____

SHOW SECRETARY PHONE (_____) _____

….For office use only…

Showbill no.	Class name	No. in class	Placing	Division	Points awarded

Questions: contact Cheryl LaMaster at the IQHA office: 630-338-3383
or email: cheryllamaster@gmail.com
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