



Official IApHC Show Results Form

Name of Show _____

Date of Show _____ Location of Show _____

Name of owner _____ ApHC# _____

Address _____

Phone: day _____ night _____

Name of horse _____ reg.# _____

Class	# of entries	placing	high point/ grand/res.	POINTS

I verify this information to be correct.

Signature of owner or agent _____

I, as secretary for the above named show,
verify these placings by the above named horse.

Signature of show secretary _____

Phone number of show secretary _____

Mail completed form by September 20th to:
Barbara DeShon, 639 N Foothill Rd, Idaho Falls, ID 83401