

THE NATIONAL HORSE SHOW ASSOCIATION OF AMERICA, LTD.
AND
THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
MACLAY HORSEMANSHIP CLASS

RESULTS FORM

Show Name: _____ Date(s): _____

Contact: _____ Phone: _____

USEF Comp.# _____ E-Mail: _____

Place	Rider Name and Complete Address	ASPCA #
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1st

2nd

3rd

4th

No. of Entries: _____ x \$10 _____ Total _____

Make Checks Payable to: National Horse Show
PO Box 386
Greenvale, NY 11548
Tel: 516-484-1865 Fax: 516-484-1982

PLEASE ATTACH CLASS SHEETS