

# MACLAY / HAMEL MEDAL / THIS MEDAL

## RESULTS FORM

SHOW NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CELL: \_\_\_\_\_

USEF COMP #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- Results must be submitted within 10 days of the competition end date.
- Digital upload or emailing .dat file is the preferred method of result submission.
- **If sending hardcopy results, submit computer generated results and complete class sheet with trainer names.**
- **This result sheet may be used if no computer / show software was used.**

Place      Rider Name, Address, USEF # and Trainer Name, Address, USEF#

1<sup>st</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

Trainer \_\_\_\_\_

**Continue listing ALL RIDERS & TRAINERS on a separate sheet if more room is needed.**

<b>PAYMENT</b>	Maclay # Riders	Hamel # Riders	THIS # Riders
<b>If sending hard copy</b> results or emailing .pdf files:			
# of entries _____	x \$12 _____	Total _____	
<b>If uploading results</b> or emailing .dat or .csv files:			
# of entries _____	x \$10 _____	Total _____	
# of riders that completed the course _____			

Please make checks payable to the National Horse Show and mail to:

National Horse Show, 2245 Stone Garden Lane, Lexington, KY 40513

Cell: 859-608-3709 Fax: 866-285-9496 email: [cindy@nhs.org](mailto:cindy@nhs.org)