

NATIONAL HORSE SHOW

POST COMPETITION 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 required.

PAYMENT # of riders _____ **Maclay** _____ **Hamel** _____ **THIS**

of riders that completed the course if different from the # that entered

_____ **Maclay** _____ **Hamel** _____ **THIS**

Total number of entries:

of entries _____ x \$10 _____ Total Due _____

PAYMENT # of Championship riders

_____ **Hamel Foundation NHS 3'3" Area Championship - remit \$40 per rider**

_____ **THIS NHS Adult Area Championship - remit \$40 per rider**

_____ **Total Amount Due from Championships**

TOTAL AMOUNT DUE FROM ABOVE: _____

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