

# **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, PO Box 88, La Center KY 42056*  
email: nhsequitation@gmail.com