

Competitive Trail Reporting Form

This form covers only one horse and one competition, and must be completed in its entirety. Include an event schedule or flyer with this form. The MFTHBA will have final approval of this event.

HORSE INFORMATION

Horse: _____ Reg. Number: _____

OWNER INFORMATION

Owner of Horse: _____ Member Number: _____

EVENT INFORMATION

Name of Event: _____ Event Date : _____ Event City & State: _____

Hosting Organization: _____ Event Manager Name and Phone: _____

Sanctioning Organization: _____

PLACING INFORMATION

For the show or event referenced above, list below each class entered and the placing. Attached additional forms if necessary.

Division	Rider (include MFTHBA number, if applicable)	Placing	Total Points

AWARD INFORMATION

Optional: If your horse received any special awards at this event, they may be listed here.

SIGNATURES

As show manager/secretary, I have verified the above horse's MFTHBA registration papers or photocopy of its registration papers. I also confirm that the horse did compete and place as indicated above and I can and will provide formal results at the request of MFTHBA up to one year from the date of this event.

Event Manager/Secretary's Signature: _____ Date: _____

I certify that the horse named on this report did in fact enter and place in the class(es) listed on this report.

Owners' Signature: _____ Date: _____



Please return form and supporting documentation to: MFTHBA, PO Box 1027, Ava, Missouri 65608 FAX: (417) 683-2468 Email: foxtrot@mftbha.com