## **Sport Competition 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:   | Re                                       | eg. 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:  |  | ludge(s):                         |          |                 |              |  |
| PLACING INFORMATION  |  |                                   |          |                 |              |  |
| For the show or event referenced above, list below each  | h class entered and the placing. Attach  | ed additional forms if necessary. |          |                 |              |  |
| Name of Class  | Exhibitor (inclu                         | ude MFTHBA number, if applicable) | Placing  | # of Entries    | Total Points |  |
|  |  |                                   |          |                 |              |  |
|  |  |                                   |          |                 |              |  |
|  |  |                                   |          |                 |              |  |
|  |  |                                   |          |                 |              |  |
|  |  |                                   |          |                 |              |  |
|  |  |                                   |          |                 |              |  |
| SIGNATURES   | '  |                                   | I        |                 | '            |  |
| As event manager/secretary, I have verified the aboplace as indicated above and I can and will provide |  |                                   |          | the horse did o | compete and  |  |
| Event Manager/Secretary's Signature: Date:   |  |                                   |          | M E D A Less    |              |  |
| I certify that the horse named on this report did in fa  | act enter and place in the class(es) lis | sted on this report.              |          | Pp              | OGRAM        |  |
| Owners' Signature:   | Data                                     |                                   |          | I 11            | UUIIHII      |  |

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