



WESTERN DRESSAGE REPORT  
YEAR \_\_\_\_\_

Name of Show or Event

Location Date

Owner's Name USEF #

Address

Registered Name of Horse Reg # Horse's USEF #

Show Name (if applicable)

DIVISION	TEST	%SCORE	JUDGE

I hereby attest to the authenticity of the above scores.

Show Secretary Date

Return this form:  
ASHBA Sport Horse High Point Program  
4083 Iron Works Parkway  
Lexington, KY 40511

THIS FORM MUST BE SIGNED BY THE SHOW SECRETARY