

RHBAA – HIO SHOW MANAGER’S REPORT:

NAME OF SHOW: _____

DATE OF SHOW: _____

LOCATION OF SHOW: _____

SHOW MANAGER: _____

ADDRESS: _____

NAME OF ORGANIZATION SPONSORING SHOW:

ARE THE PROCEEDS FROM YOUR HORSE SHOW DONATED TO A CHARITY

_____ YES _____ NO

IF YES, WHICH CHARITY

NUMBER OF WALKING
HORSE CLASSES _____

NUMBER OF WALKING
HORSE ENTRIES _____

NUMBER OF RACKING
HORSE CLASSES _____

NUMBER OF RACKING
HORSE ENTRIES _____

NUMBER OF OTHER CLASSES
CHECKED BY DQP _____

NUMBER OF ENTRIES OF OTHERS
CHECKED BY DQP _____

TOTAL NUMBER OF
CLASSES _____

TOTAL NUMBER OF
ENTRIES _____

AFFILIATION FEES: \$ _____ (TOTAL ENTRIES X \$8.00)

COMMENTS OR SUGGESTIONS: _____

SIGNATURE

MAIL, REPORT, CLASS SHEETS AND AFFILIATION FEE TO:
RHBAA-HIO
67 Horse Center Rd. Ste B Decatur, AL 35603