



**High Plains Recreational Rider Program Report
Form**

**Recreational Rider Chair: Patti Blichmann 30005 Pigeon Dr. Lebanon, MO 65536
www.highplainspfha.org**

Horse Name _____ Paso Fino _____ Other Gaited _____

Rider

Name _____

Address _____

City _____ State _____ Zip _____

If this is a Youth Rider, check here for points to count towards Youth High Points

Owner

Name _____

Address _____

City _____ State _____ Zip _____

Show/Event Information

Enter activity in first column-Sport Horse (SP), Endurance (END), Competitive Trail (COMP) In second column enter the name of competition. Third column class, division etc.. Have Competition Mgr. initial in fourth column, your placement, or miles in the appropriate column. When page is full mail to the RR Chair. All pages must be submitted by Sept 30 for points to count.

	Name of Competition	Division	Show Mgr. Initials	Placing	Judges Condition Score	Miles
SH	Example: 4H	Open Show		1		

We, the undersigned do hereby certify that the horse listed on this report did in fact enter and place in the event stated in this report

 Exhibitor’s Signature _____ Date _____ Phone # _____

 Owner’s Signature _____ Date _____ Phone # _____