ILLINOIS QUARTER HORSE ASSOCIATION

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OPEN SHOW POINT FORM

NAME _____ Adult
Youth D.O.B. _____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE (_____) _____ OR (_____) _____

HORSE NAME_____YEAR FOALED _____
Use reg. name, not barn name, please

REG. # _____

If you show in a walk/trot class please specify western or English on the form.

SHOW/EVENT NAME _____DATE _____

SHOW/EVENT SECRETARY NAME (Please print) _____

SHOW/EVENT SECRETARY SIGNATURE_____

SHOW SECRETARY PHONE (_____) _____

….For office use only…

Showbill no.	Class name	No. in class	Placing	Division	Points awarded

Questions: contact IQHA office: 630-338-3383 or Kandi Lane
email: reininlane@cmecwildblue.com
Illinois Quarter Horse Association, PO Box 7, Ashmore, IL 61912