

2024 SHOW DIVISION VERIFICATION FORM

This report covers only one horse and one show, and must be completed in its **entirety**. **Return this form within 30 days of the show** by email **ONLY** to: kahabaarabians@gmail.com. **KAHABA will have final approval of this event and points.**

Horses Name _____ Date of Show _____

Name of Show _____

Show Facility Name _____

Show Sponsored By _____

Judge's Name _____

Point Legend		
P	Participant Pt.	Show must be a KAHABA approved show
KB	KAHABA Bonus Pts	Horses placing 1-4 in classes purchased from KAHABA by show administration
Abbreviation Key		W -Western Attire/Tack, R - Ranch Attire/Tack

				Office use	
Class #	Name of Class	Placing	Style Shown in All Seat/English Pleasure Class	Point Legend	Points Earned

We certify that the horse listed on this form, did in fact enter in the classes listed above.

Handler / Rider's Signature: _____ Date _____

Handler / Rider's Phone #: _____

Nominator's Name (Print) _____

Nominator's Signature: _____ Date _____

As show Secretary, I confirm that the horse did enter & compete as indicated above, and I also **agree to provide formal results, at the request of KAHABA up to one year from the date of this event.**

Show Secretary Signature: _____ Date _____

NO POINTS WILL BE AWARDED WITHOUT COMPLETED, SIGNED FORM RECEIVED WITHIN 30 DAYS!