

IFSHA OPEN SHOW POINT SUBMISSION FORM

Mail completed, signed form to: IFSHA 5040 Elrod Rd., Gainesville, GA. 30506

Or

Email to: ifsha1994@gmail.com

Questions: Call Deb at 414-666-0145

Horse Name: _____ Owner Name: _____
 Driver Name: _____ Horse IFSHA number _____ Owner IFSHA Number: _____
 Show Name: _____ Show Date: _____
PLEASE ATTACH A COPY OF THE OFFICIAL RESULTS OR A COPY OF YOUR PAID SHOW BILL and APPROPRIATE FEE

Class #	Class Name	Rider	Owner	Placing	Notes

Payment information: \$20 for each horse once per year. Payment by either check or credit card. **3.5% credit card fee will be applied.**
 Name on Credit Card _____ Signature _____
 Card Number _____ Exp Date _____ CVV _____ Zip Code _____

Official/ Secretary Signature _____