

Georgian Grande-Point Reporting Form

Horse's Registered Name _____		
Breed Registry _____	Registration # _____	
Sire's Name _____	Sire's Breed _____	
Dam's Name _____	Dam's Breed _____	
USEF # _____	Year Foaled _____	Sex _____

Owners Name _____		Address _____	
City _____	State/Province _____	Zip _____	Country _____
Email _____		Phone _____	

This form is for the year of _____

Date	Name of Competition	Name of Class or Test (level or height)	Placing	# of Entries	USEF Rated Yes No	Show Secretary's Signature
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	

Please mail this form to: Taya Workum | 584 Dawn Dr | Madison, Ohio | 44057

Date	Name of Competition	Name of Class or Test (level or height)	Placing	# of Entries	USEF Rated	Show Secretary's Signature
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	
					Yes No	

Please mail to: Taya Workum | 584 Dawn Dr | Madison, Ohio | 44057