

# CRHA YOUTH PROGRAM RESULT FORM

YOUTH'S NAME: \_\_\_\_\_ MEMBER #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Name of Rangerbred (s) Ridden	CRHA #

CLASS#	CLASS NAME	# IN CLASS	PLACING	OFFICE USE

Room on back of paper for more classes.

NAME of SHOW: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ JUDGE: \_\_\_\_\_

SHOW SEC'Y/AUTHORIZED SINGATURE: \_\_\_\_\_

Send to (with Copy of Showbill or Flyer):

Catherine Martins Nitschke - CRHA Youth Program, Chairperson  
 7650 Division Ave. N.  
 Comstock Park, MI 49321  
 or email to: [camnitschke@comcast.net](mailto:camnitschke@comcast.net)

