

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

