



# NORTHWEST BORDER ZONE WORKING HORSE DIVISION

2017-2018  
RECORDING FORM

**Only one horse/rider combination and one show per form.  
Please include the show schedule with this form.**

**RIDER/HORSE INFO:**

Rider Name: \_\_\_\_\_ WSH #: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Name of Show: \_\_\_\_\_ Show Date: \_\_\_\_\_

City/Location of Show: \_\_\_\_\_

Organization Show is Sponsored By: \_\_\_\_\_

Judge's Name: \_\_\_\_\_

**For the event listed above, list each class you entered, category, placing and number of riders in the class.**

Class Name	Category <small>Obstacle Trail, Ranch Sorting, Team Penning, Cutting, Working Cow, Mounted Shooting</small>	Placing	# of Entries

I certify that the horse and rider named on this report did enter and place in the class(es) listed on this report.

Exhibitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

As the show manager/secretary, I verify that the horse and rider combination did compete and place as indicated above and I will provide show results at the request of the WSH Working Horse Director (if needed) for up to one year from the date of this event.

Show Manager/Secretary's Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Send this completed exhibitor report, along with the show schedule within thirty (30) days of the date of the show to:

NWBZ Working Horse Division  
Attn: Nikki Larson, 5690 N Fork Rd, Deming, WA 98244 or email to: [codycharlyjo@hotmail.com](mailto:codycharlyjo@hotmail.com)