

2004 AMHA Open Competition Program

Submit results to:
Open Competition Program, AMHA, P.O. Box 960, Shelburne, VT 05482

Entry Form A (Carriage Pleasure, Dressage, Working Western & Open Show)

Deadline for receipt at AMHA office: November 30, 2004.

Submit all results within 30 days from completion of show.

A copy of the show prize list must be submitted for each competition reported.

Report one horse and one show per form.

If a horse has multiple riders/drivers, use separate sheet for each rider/driver.

Name of Show: _____ Date(s) of Show: _____

Name & Address of Show Secretary: _____

Horse: _____ Registration #: _____

Owner: _____ Rider/Driver: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

AMHA Member #: _____ Phone: _____ AMHA Member #: _____ Phone: _____

Age of Junior Exhibitor as of December 1st of the current competition year: _____

Class Type*	Name of Class	Class #	Placing	# of Entries	For Office Use Only	
					Year-end Points	Medallion Points

* **Class type:** IH = In-Hand; EP = English Pleasure; WP = Western Pleasure; PD = Pleasure Driving; HJ = Hunter/Jumper; WW = Working Western
CPS = Carriage Pleasure Single; CPP = Carriage Pleasure Pairs/Tandem; CPM = Carriage Pleasure Multiple; SR = Sleigh Rally.

2004 AMHA Open Competition Program

Submit results to:
Open Competition Program, AMHA, P.O. Box 960, Shelburne, VT 05482

Entry Form C (Eventing)

Deadline for receipt at AMHA office: November 30, 2004.

Submit all results within 30 days from completion of show.

A copy of the show prize list must be submitted for each competition reported.

Report one horse per form. Multiple events may be listed on one form.

If a horse has multiple riders/drivers, use separate sheet for each rider/driver.

Name of Show: _____ Date(s) of Show: _____

Name & Address of Show Secretary: _____

Horse: _____ Registration #: _____

Owner: _____ Rider/Driver: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

AMHA Member #: _____ Phone: _____ AMHA Member #: _____ Phone: _____

Age of Junior Exhibitor as of December 1st of the current competition year: _____

Date	Event Type*	Division**	Name of Event/Location	Placing	For Office Use Only	
					Year-end Points	Medallion Points

* **Event Type:** CT = Combined Test; HT = Horse Trials; 2D = Two-Day Event; 3D = Three-Day Event (specify CCI or CCN)

** **Division:** BN = Baby Novice; N = Novice; T = Training; P = Preliminary; I = Immediate; A = Advanced.

2004 AMHA Open Competition Program

Submit results to:
Open Competition Program, AMHA, P.O. Box 960, Shelburne, VT 05482

Entry Form D (Combined Driving)

Deadline for receipt at AMHA office: November 30, 2004.

Submit all results within 30 days from completion of show.

A copy of the show prize list must be submitted for each competition reported.

Report one horse and one show per form.

Name of Show: _____ Date(s) of Show: _____

Name & Address of Show Secretary: _____

Horse: _____ Registration #: _____

Horse: _____ Registration #: _____

Horse: _____ Registration #: _____

Horse: _____ Registration #: _____

Owner: _____ Rider: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

AMHA Member #: _____ Phone: _____ AMHA Member #: _____ Phone: _____

Age of Junior Exhibitor as of December 1st of the current competition year: _____

Event Type*	Division**	Phase	Horses***	Placing	For Office Use Only	
					Year-end Points	Medallion Points
		Dressage				
		Marathon				
		Cones				
		Overall				

***Event Type:** AT = Arena Trial; CT = Combined Test; DT = Driving Trial; 2CDE = Two-Day Combined Driving Event; 3CDE = Three-Day Combined Driving Event.

****Division:** N = Novice; T = Training; P = Preliminary; I = Immediate; A = Advanced.

****For pair/multiple entries only.**

2004 AMHA Open Competition Program Registration Form

Submit with payment (payable to American Morgan Horse Association) to:
Open Competition Program, AMHA, P.O. Box 960, Shelburne, VT 05482

Deadline for receipt at AMHA Office:
November 30, 2004

Submit all results within 30
days from completion of show.

Horse 1: _____ Registration #: _____

Date of Birth: _____ Registration Fee: _____ 1 Year (\$15) _____ Lifetime (\$40)

Horse 2: _____ Registration #: _____

Date of Birth: _____ Registration Fee: _____ 1 Year (\$15) _____ Lifetime (\$40)

Horse 3: _____ Registration #: _____

Date of Birth: _____ Registration Fee: _____ 1 Year (\$15) _____ Lifetime (\$40)

Horse 4: _____ Registration #: _____

Date of Birth: _____ Registration Fee: _____ 1 Year (\$15) _____ Lifetime (\$40)

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

AMHA Member #: _____ Telephone: _____ E-mail: _____