CHHAPS Performance Award Point Recording Form

For the period ending September 10, _____

Horse's Registered Name: | Horse's Registration Number:

Member's Name: | CHHAPS Membership Number:

***All** information requested below is **required** for points to be awarded. Please use a separate line for each class.*

***** General Performance-**GP**, Driving-**DR**, Halter-**H**, Dressage-**D**, Eventing-**E**, Reining-**R**, Competitive Tr/Endurance-**C** ****L**ocal, **R**egional, **N**ational or **FEI**

Date	*Division	Name of Show	Name of Class	Place in Class	Size of Class	** Show Type	Points	Show Secretary Name & E-mail or Phone

Mail completed form to: Performance Awards Registrar: Susan Arthur, Box 1216, Barriere, BC, Canada V0E 1E0