CHHAPS Versatility Points Recording Form

For the year: _____ to September 10, _____

Horse's Reg Name: _____ Reg #: _____

Member's Name: _____ CHHAPS membership#: _____

Please use a separate line for each activity. Be sure to note organizer contact information.

Category abbreviations: Public Appearance/Promotional = P, Competitive Activites = C, Non-competitive = NC, Work Related & Personal = WR

Date	Activity	Category	Location	Points	Organizer Name	Organizer No.
			Total Points:			

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