



SHCA Hi-Point Leader Board Competition - 2018

OFFICIAL RESULT CLAIM FORM – MONTH _____
(One Form Per Horse)

Name of Horse: _____ NSH Reg # _____
Name of Owner: _____ SHC Member # _____

DATE	SHOW	AG/SHC	CLASS	RIDER - SHC #	PLACE/AWARD	POINTS
POINTS FOR MONTH – Page #						

Claim Forms to be submitted by Email: showhorsecouncil@bigpond.com | Fax: 0 4588 5006 within 7 days following end of month in which the points were gained.

I, _____, attest the above Results are true and correct.
(print name)

SIGNATURE: _____ Date: _____