



COMPETITION REPORT FORM

Competition Name: _____

Location: _____

Date: _____

Competition Manager: _____

OEF #: _____

Competition Organizer/Secretary: _____

Telephone #: _____

Email: _____

Type Of Competition (please check the box):

- H/J Dressage Combine Test GP
- Breed Reining Western

	Number
Total Number Of Exhibitors	
Number Of Exhibitors With OE Memberships	
Number Of OE Memberships Collected At Competition <i>(please return any new OE applications with payment to OE office with this form)</i>	
Were There Any Accidents At The Competition? <i>(please return an Accident Report Form to OE office along with this form)</i>	

If applicable: Dressage Test User Fee - \$1.00 per test E.S.D. - Maximum of \$15.00 * FEE IS PAYABLE TO EQUINE CANADA 308 Legget Drive, Suite 100, Ottawa, ON K2K 1Y6	# of Dressage tests ridden (Walk trot - First Level)	Payable to Equine Canada 308 Legget Drive, Suite 100, Ottawa, ON K2K 1Y6 \$
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COMPETITION OFFICIALS:

Judges & Course Designers	Indicate Credentials or OE/EC #	Divisions Judged List all Divisions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Competition Manager or Competition Organizer/Secretary

Date: _____