



COMPETITION REPORT FORM

Competition Name: _____

Location: _____

Date: _____

Competition Manager: _____

OE #: _____

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 : \$20.00 *FEE IS PAYABLE TO EQUESTRIAN CANADA 308 Legget Drive, Suite 100, Ottawa, ON K2K 1Y6 | # of Dressage tests ridden (Walk trot - First Level) | Payable to Equestrian Canada 308 Legget Drive, Suite 100, Ottawa, ON K2K 1Y6 \$ |
|--|---|--|

COMPETITION OFFICIALS:

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

Signature of Competition Manager or Competition Organizer/Secretary

Date: _____