



# 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>	

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