Competition Report Form



Competition Name:		
Competition Location:	Date:	
Competition Manager:	OE #:	
Organizer/Secretary: Telephone Email:		; #:
Type of Competition: O H/J O Reining	 Dressage Combined Test Western 	O Equitation O Breed
		Number
Total Number of Exhibitors		
Number of Exhibitors With OE Memberships		
Number of OE Memberships Collected At Competition		
Were There Any Accidents At The (please return an Accident Report Fo	-	
If applicable:		•
Dressage Test User Fee - \$1.00 per test		\$
E.S.D Maximum of \$20.00 *Fee is payable to Equestrian Canada 2451 Riverside Drive, Ottawa On Canada L1	# of Dressage tests ridden (Walk trot - First level) H 7X7	Payable to Equestrian Canada 2451 Riverside Drive, Ottawa On Canada L1H 7X7
Competition Officials		
Judges & Course Designers	Indicate Credentials EC#	Divisions Judged List all divisions

Signature of Competition Manager or Competition Organizer/Secretary

Date: ____