



The International Spanish Warmblood Horse Association

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| <p><b>OFFICE USE ONLY</b></p> <p>Total Points: _____</p> <p>Approved by: _____</p> |
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**ISWHA Competition Award Program  
("CAP") Exhibitor Report ONE HORSE PER FORM**

|                      |             |             |                  |
|----------------------|-------------|-------------|------------------|
| _____                | _____       | _____       | _____            |
| Horse's Name         | ISWHA CAP # | Microchip # | Exhibitor's Name |
| ISWHA Member # _____ |             | _____       |                  |

|              |                            |                          |
|--------------|----------------------------|--------------------------|
| _____        | _____                      | _____                    |
| Name of Show | Show Date(s) ( dd/mm/yyyy) | Sanctioning organization |

Location of Show (Name of facility, address) \_\_\_\_\_

Please circle level of competition:      **International**      **National**      **Regional**      **Recreational**

For the show or event listed above, list below each class entered and the placing. If you need more space use another form.

| Name of Class or Test | # of Entries | Placing | Dressage score % | Jumping | Eventing/<br>Combined Training |
|-----------------------|--------------|---------|------------------|---------|--------------------------------|
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |
|                       |              |         |                  |         |                                |

As Show Manager/Secretary, I have seen the above horse's ISWHA registration papers or scanned its microchip and confirm that the horse did compete and place as indicated above. I can and will provide formal results at the request of the ISWHA up to one year from the date of this event.

|                             |           |                          |   |                                       |
|-----------------------------|-----------|--------------------------|---|---------------------------------------|
| _____                       | _____     | _____                    | + | _____                                 |
| Show Manager/Secretary Name | Signature |                          |   | Phone # (inc Country code e.g. +44- ) |
| Full postal address         |           |                          |   | State/County                          |
|                             |           |                          |   | Country                               |
| E-mail _____                |           | Date ( dd/mm/yyyy) _____ |   |                                       |

**EXHIBITOR MUST SUBMIT THIS FORM WITH A COPY OF THE SHOW PROGRAM, FLYER, OR PRIZE LIST, TO THE OFFICE WITHIN 30 DAYS OF COMPETITION**