IFSHA OPEN SHOW POINT SUBMISSION FORM

Mail completed, signed form to: IFSHA, Attn: Taylor, P.O. Box 4, Wentworth, NC 27375

Or

Email to: ifsha.office@gmail.com

Questions: Call DJ Brown at 336-520-8009

Horse Name: Owner Name:					
Driver Name:			orse IFSHA number	Owner IFSHA Numb	oer:
Show Name:			Show Date:		
PLEASE ATTACH A COPY OF THE OFFICIAL RESULTS OR A COPY OF YOUR PAID SHOW BILL and APPROPRIATE FEE					
Class #	Class Name	Rider	Owner	Placii	ng Notes
Payment information: \$20 for each horse once per year. Payment by either check or credit card. 3.5% credit card fee will be applied. Name on Credit Card Signature					
Card Number Exp Date CVV Zip Code					
Official/ Secretary Signature					