

# Competition Result Submission Form

## Dressage



Please one form per horse /rider combination to Horse Council BC

E Mail : competition@hcbc.ca

Mail: 27336 Fraser Highway Aldergrove BC V4W 3A5

Competitors Name \_\_\_\_\_

Phone Number \_\_\_\_\_ EMail \_\_\_\_\_

Horses Name \_\_\_\_\_

Competition Name \_\_\_\_\_ Exhibitor Number \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_  
M/D/YYYY

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

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Placing \_\_\_\_\_

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

Test Level \_\_\_\_\_ Test # \_\_\_\_\_ % score \_\_\_\_\_

Placing \_\_\_\_\_

