

International Gypsy Equine Association

Show Points Report Form

Name of Equine _____ Reg. # _____
 Owner/s Name _____ Telephone: _____
 Address _____ City _____
 State _____ Zip Code _____ email _____

Use one form per equine per show

Show or Event _____ Location (City & State) _____
 Date/s _____ Name of Show Secretary and or Host _____
 Contact Phone _____ Contact email _____

Signature of Show Secretary or Event Host _____

Printed Name of same as above _____

Your Placing under each Judge/s

class #	Class Name	IGEA Member-Exhibitor	# of entries	#1	#2	#3

Completed Form must be received in IGEA Office within 30 days of Event or Show.
Completed Form can be mailed to IGEA Office at address listed below, or scanned and emailed to IGEA Office.
Any questions please feel free to contact the IGEA Office.

Email: igearegistry@gmail.com

**IGEA Registry
 204 Longview Drive
 Jeffersonville, IN 47130**