

International Gypsy Equine Association

Official 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, and use another form if you have more classes

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**

www.igearegistry.com

www.internationalgypsyequineassociation.com

www.minigypsyhorse.com

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