AWWA Star Program 2025 Show or Event Reporting Form

Horses enrolled in the AWWA Star Program show or event within 30 days of Only one show or event per form. If	f completion. Point	ts are awarded to tl	he horse.
HORSE REGISTERED NAME:			
HORSE REGISTRATION #:			
CONTACT PERSON FOR HORSE:			
ADDRESS:			
CITY:	STATE:ZIP:		
E-MAIL:			
PHONE WITH AREA CODE			
Show/Event Name:			
Location of Show/Event:	y		State
Date of Show/Event:			
Show/Event Contact Person Information:		Email if we have questions	5.
Judge's Name:			
Class Name		# of Entries	Placing/Score
Use addition	al sheets if more lines are	needed.	
Name of Person Submitting Report:			
	Name required		
Email:	Phone:		

Reporting Form may be emailed to workingwestern@gmail.com