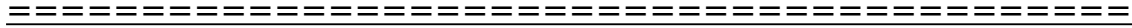


**THE GOOD HANDS QUALIFYING CLASS RESULTS**



This completed form and a class sheet showing the placings and all entries must be returned within 10 days to:

**THE GOOD HANDS**

Attn: Cheryl Rangel

1101 Peace Dr.

Wheeling, IL 60090

Ph: 847-537-4743; Fax: 847-537-4758

Email: admin@midamericahorseshow.org

PLEASE PRINT

**Show Name**

\_\_\_\_\_

Show Date \_\_\_\_\_

**First Place Rider**

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone \_\_\_\_\_ Email

\_\_\_\_\_

**Trainer**

\_\_\_\_\_

Phone \_\_\_\_\_ Email

\_\_\_\_\_

**Second Place Rider**

\_\_\_\_\_

Address

---

City/State/Zip

---

Phone \_\_\_\_\_ Email

---

**Trainer**

---

Phone \_\_\_\_\_ Email

---

**Total number of entries in class** \_\_\_\_\_

---

\_\_\_\_\_  
Signature of Show Secretary

Date

(11/15)