AUSTRALIAN QUARTER PONY ASSOCIATION
ABN: 99 243 732 466
PO Box 450, Casino NSW 2470
www.aqpa.com.au

CONTEST POINTS REPORTING FORM

Pony Name:		**Rego No:**	
Owner Name:		**Member No:**	
Owner Address:			

Show Name:			
Location:		**Date:**	
Contact Name:		**Phone:**	
Judge Name:		**Signed:**	

Event or Class	Contest Type	Contest Category	Placing	Number of Entires
Quarter Pony Female under 3 years	*A*	*1*	*1*	*5*

I hereby certify that the above particulars are, to the best of my knowledge, true and correct in every respect.

Pony Owner Signature

NOTE: Use one form per show per pony. Points are only eligible from the date of registration. Both the exhibitor and pony owner must be current financial members of the AQPA. This form must be accompinaed with official record of points from another association or some other verification of points collection.