



Virginia Quarter Horse Association
Open Show Program | Clinic Reimbursement Form

Name of Show: _____ Show Date: _____

Sponsoring Organization: _____

Show location: _____

Please briefly describe your clinic, clinic goals and include Clinician Name(s):

I certify that all information on this form is complete and accurate

Authorized Show or Points Secretary Signature Date: _____

Secretary Phone: _____ Secretary Email: _____

A separate copy of this report must be used for each show and **received within 30 days of the show**. Duplicate this form as needed. This report form is available for download at www.VAQuarterHorse.com

Make a copy for your records and send the Original form to:

Lisen Ringer
5452 N Sunland Drive
Virginia Beach, VA 23464-4066

Contest is subject to all VQHA Open Show rules.