

AQHA

AMERICAN QUARTER
HORSE ASSOCIATION

REPORT OF RULE VIOLATION(S)

Show Name:

City, State, Zip:

Show Number(s):

Time/Date Incident Occurred:

Photographs/Video Tapes Available

Yes

No

Reported to Show Management

Yes

No

Exact Location of Incident: Barn #

Stall#

Other (specify in detail):

Description of Incident: (be specific, detailed and include names of all individuals and horses involved. Distinguish first hand, personal information obtained from other sources.)

(Use the back of this form and additional sheets if necessary)

Would you be willing to travel to Amarillo, Texas, at AQHA's expense, to testify before the AQHA Executive committee concerning this rule violation? Yes No

Name

AQHA ID #

Address

Day Telephone #

Evening Telephone #

City

State

Zip

Signature

Date

Forward to:

American Quarter Horse Association
Competition Department
P.O. Box 200
Amarillo, Texas 79168