AHJF JUNIOR HUNTER CHALLENGE RESULTS

FROM: _____ _____
Name of Horse Show **Date**

_____ _____
Location **Show Mgr's Name**

	Rider	Rider Name	Rider Address & Phone Number	Rider Email
1st	_____	_____	_____	_____
2nd	_____	_____	_____	_____
3rd	_____	_____	_____	_____
4th	_____	_____	_____	_____
5th	_____	_____	_____	_____
6th	_____	_____	_____	_____

Total number of entries in the class? _____

Please mail this form along with the judge's cards and any outstanding mailing lists to:
AHJF
P.O. Box 369
W. Boylston, MA 01583