



GO GELDING OPPORTUNITY LOG

Horse Name: _____

Horse Registration #: _____ Owner/Rider: _____

Membership #: _____ Phone #: _____

NAME OF SHOW/EVENT	DATE	JUDGE'S NAME/HIO	CLASS	PLACE	SHOW MANAGER

FORM MUST BE COMPLETED IN FULL AND SHOW BILLS MUST BE ATTACHED.

Program Year October 1, 2023-September 30, 2024
*Postmarked/Due by October 15, 2024

Owner Signature: _____