

Central Virginia Combined Training Association
SCORE REPORT FORM

Rider _____

Show _____ Date _____

Horse	Level	USEA Rec.	Horse Trial?	Combined Test?	Placing
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	
		Y/N	Y/N	Y/N	

Show Secretary/Manager Signature _____

Submit this form within 45 days of show date to:
Brenda Simpson 12086 Pinhook Road Rockville, VA 23146

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