



POST EVENT NOTIFICATION FORM

Incomplete forms will be returned

MUST BE RETURNED TO THE OFFICE WITHIN 14 DAYS OF THE EVENT

RPG:

Event name:

Event Date:

Checklist of items to be submitted	NOT APPLICABLE	ATTACHED
Incident and Accident Report Forms and associated paperwork (if applicable) with all sections completed fully		
Non Member Waivers		
Results for submission for inclusion in Action & the Journal		
Sires Ratings Tally Sheet (if applicable)		
MEDAL AWARDS (details to be listed below)		

Class:	No. eligible entrants in total:
Winning pony name:	Registration Number:
Runner up pony name:	Registration number:

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Submitted by:

OFFICE USE ONLY

Date received by office: _____ Date approved by

COM: _____