

OCAP GENERAL REPORTING FORM



7330 NW 23RD STREET • BETHANY, OK 73008
 (405) 491-0111 • FAX (405) 787-0773
 WWW.PINTO.ORG



Horse Name: _____ Registration No.: _____

Owner Name(s): _____ Membership No.: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Phone (____) _____ E-mail: _____

Owner Signature: _____ Date: _____

Show Name: _____ Show Date: _____

Show Sponsor: _____ Judge Name: _____

Location of Show (city and state): _____

Points Earned Section

Show ID No.: _____
 (posted on show bill)

List the classes in which the Pinto earned points according to the OCOM point scale.

Class No.	Name of Class	Placing	No. of Entries	PtHA Points

Exhibitor Name: _____ **PtHA Membership No.:** _____

By signing the line below, I, as Show Manager/Show Secretary, agree to attest to the fact that I have seen the above horse's OCAP enrollment card and PtHA registration papers (or copy thereof). I also attest that the above horse did compete and place as indicated on this reporting form. I further agree to, upon request from PtHA, provide proof of such placings to PtHA for up to one year after the date of this competition.

Print Name: _____ Date: _____

Show Manager/Secretary Signature: _____

Phone No.: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Please include \$5 processing fee with reporting form.

Method of Payment: (US Funds)	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Card No.: _____ Exp. Date: _____
Name on Card: _____	Signature of Card holder: _____