



Atlantic Canada Equestrian Championships (ACE)

**TEAM NOVA SCOTIA SCORE SUBMISSION FORM**

To be signed by Competition Secretary

NAME OF ATHLETE: \_\_\_\_\_

COMPETITION NAME: \_\_\_\_\_

COMPETITION DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

JUDGE'S NAME: \_\_\_\_\_

**DRESSAGE**

Score #	Test #	EC Dressage Test		Score	Horse's Name
		<input type="checkbox"/> Training or	<input type="checkbox"/> First Level Test		
Score #1	Test #	<input type="checkbox"/> Training or	<input type="checkbox"/> First Level Test		
Score #2	Test #	<input type="checkbox"/> Training or	<input type="checkbox"/> First Level Test		
Score #3	Test #	<input type="checkbox"/> Training or	<input type="checkbox"/> First Level Test		
Score #4	Test #	<input type="checkbox"/> Training or	<input type="checkbox"/> First Level Test		

**EVENTING**

Level	Penalty Points	Dressage	Cross Country	Stadium	Total Penalty Points	Placing	Horse's Name

**JUMPING**

	*If submitting more than 4 scores please attach a second signed form	Total Faults in class	Placing	# of Horses in Class	Horse's Name
Score #1	Class Name _____ Class# _____ Height Competed _____ m.				
Score #2	Class Name _____ Class# _____ Height Competed _____ m.				
Score #3	Class Name _____ Class# _____ Height Competed _____ m.				
Score #4	Class Name _____ Class# _____ Height Competed _____ m.				

**REINING**

Score #	Class	NRHA Pattern	Score	Horse's Name
Score #1				
Score #2				
Score #3				
Score #4				

COMPETITION CONTACT (Results Person or Competition Secretary):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I acknowledge that the competition information above is correct.

COMPETITION CONTACT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Submit within 7 days of competition to NSEF: Email:nsefmembership@sportnovascotia.ca or Fax 902-425-5606 Attn NSEF or mail: NSEF 5516 Spring Garden Rd, 4<sup>th</sup> Floor Halifax, NS B3J 1G6