



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 #	EC Dressage Test			Score	Horse's Name
	Test #	<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, 4th Floor Halifax, NS B3J 1G6