



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**

	EC Dressage Test		Score	Horse's Name
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		

**HORSE TRIALS**

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**

	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:**

\_\_\_\_\_