



# PINTO HORSE ASSOCIATION OF AMERICA, INC.

## OCAP GENERAL REPORTING FORM

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

Office Use Only

Please use only one form per show, exhibitor and judge. Form must be completed and signed.  
Include a show premium list with this form if available. PtHA will have final approval for points.

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): \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_ PtHA Membership No.: \_\_\_\_\_

List the classes in which the Pinto earned points according to the OCOM point scale.  
OP=Open, YA=Youth, AM=Amateur

Class No.	Class Name	Placing	No. of Exhib.	OP, YA or AM

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: \_\_\_\_\_