



SANTA CLAUS SERIES 2020 CONTACT TRACING

TRAINER NAME _____

Please Check Week 1 ___ Week 2 ___

Horse Show Name	Full Name	Email	Phone #
1	1		
	2		
2	1		
	2		
3	1		
	2		
4	1		
	2		
5	1		
	2		
6	1		
	2		
7	1		
	2		
8	1		
	2		
9	1		
	2		
10	1		
	2		
11	1		
	2		
12	1		
	2		