

## 20\_\_ Region Six Worker Report Form

Name \_\_\_\_\_, Street Address \_\_\_\_\_, City, ST, zip \_\_\_\_\_

Please print legibly

<u>Position</u>	<u>Points</u>	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:	Ride Name:
Ride Chair	200										
Ride Secretary	150										
Trail Master	150										
Judges Secretary	150										
Rules Interpreter	100										
P&R Chair	90										
Cook/ Refreshments	75										
Timers	75										
Stable Steward*	50										
Safety Rider*	25										
Driver*	25										
P&R Team*	25										
Gate/Gofer*	20										
Weighmaster	10										
Judge Fees Donation	150										

\*points listed for these duties are for each day worked. Please indicate number of day worked for these positions (ie. P&R's – Saturday and Sunday, or just Saturday or just Sunday)

**All clinics and rides in Region 6 count**  
**If you work on any of the rides, please fill out the form for the position(s) worked and return to:**  
**Trish Cleveland    16550 Say Road    Wamego, KS 66547-9665    785-456-1935**