

Oregon High School Equestrian Teams, Inc.

Stewardship Form

*This form should be filed by a district chair
or their appointed representative ONLY.*

Date:	Time:
Rec'd By:	

Name of Person Completing the Form _____

District _____

Contact Information: Email _____ Cell _____ Other _____

Please list the name, title and school and athlete # if appropriate of those involved.

Name of Athletes/Coaches Involved _____

Please explain issue or concern (use additional page(s) if necessary.):

Is this related to a specific rule? _____ If so, which one? _____ Page # _____

Committee Minutes: Date _____ Time _____ Recorder _____

Those present: _____

Minutes: _____

Resolution: _____

Delivered to District Chair or Representative, Date _____

Oregon High School Equestrian Teams, Inc.

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Additional Comments, Questions, or Concerns? _____

Signature of District Chair _____ (Should be signed before submitting)

Initial (upon receiving resolution) _____

Signature of State Chair _____ Rules Chair _____

Date of Completion _____ Time _____

To Do: Follow up that needs to happen, i.e.: rule change form, follow with team, athlete, forward info to, or?
