



## NCHTA Volunteer Hours

Volunteer Name: \_\_\_\_\_ Competition: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Competition Date: \_\_\_\_\_

Competition Organizer Signature: \_\_\_\_\_ 1/2 day ☐ Full day ☐

Volunteer Role assigned: \_\_\_\_\_  
(i.e. Jump judge)

*Please scan & email this form to: [helen@oakhurstfarm.com](mailto:helen@oakhurstfarm.com)  
- or return it to the competition organizer who will submit it to the NCHTA on your behalf.*

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