

RMHA Show: _____ Date(s): _____ Equipment Steward: _____

TYPE	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	TOTAL
CROPS/WHIPS est.							
SHOES							
BITS							
CAVESSONS est.							
CURB CHAIN est.							
BLOOD							
TACK							
ATTIRE							
OTHER							