

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

RMHA Equipment Steward Show Summary Report				
TYPE	DAY:	DAY:	DAY:	TOTAL
CROPS/WHIPS (estimated)				
SHOES				
BITS				
CAVESSONS (estimated)				
CURB CHAIN (estimated)				
BLOOD				
TACK				
ATTIRE				
OTHER				