SAHIBA HORSE SHOW HIGH POINT FORM for YEAR: _____

Horse Name and Reg. No._____

Event Entered:_____Date:_____

City:_____, State:_____, Zip:_____

Check Here If Non competitive Event_____

Class No.	Name of Class/ or Event	Placing		Points	

Total Points: Show_____

Owner or Leasee's Name:_____

Address:_____

Signature of event Secretary / Show Manager:_____

Mail to: Deneb Thompson, 15810 Columbia Hwy., Lynnville, TN 38472 Phone: 304-389-5717 Email: cygnusarabs@yahoo.com

FORMS MUST BE RECEIVED WITHIN 30 DAYS OF EVENT. IF THE SHOW IS NOT an AHA SANCTIONED SHOW a copy of the prize list m

nust be included.