SAHIBA Horse Show High Point Form for Year: _____

Horse Name and Reg #.: _____

Event Entered: _____ Dates: _____

City and State: _____ AHA and/or USEF recognized: Yes _____ No _____

Class No.	Name of Class or Event	Placing	Points	Office Use

Total Points: _____ Use for Super Horse tabulation? Yes _____

Owner or Leasee's Name: _____

Signature of Event Secretary/Manager: _____

Mail to: Deneb Thompson, PO Box 413, Lawrenceburg, KY 40342 Phone: 304-389-5717 Email: cygnusarabs@yahoo.com

FORMS MUST BE RECEIVED WITHIN 30 DAYS OF THE EVENT.

IF THE EVENT IS NOT AHA OR USEF RECOGNIZED, A COPY OF THE PRIZELIST OR CLASS SCHEDULE MUST BE INCLUDED.