

**SAHIBA High Point Awards Nomination Form
For Year _____**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Name of Horse _____

Please circle one: Purebred Half-Arabian

Please check the divisions you are entering below:	
Halter/In Hand	
Western	
Saddleseat	
Hunter/Sport Horse	
Dressage (English or Western)	
Specialty	
Open Performance and Halter	

Name of Exhibitor _____

Please circle the division you are entering: Adult Youth

TOTAL AMOUNT ENCLOSED: \$ _____

Fees are:

1 division - \$20; 2 divisions - \$35; 3 divisions - \$50; 4 divisions - \$65; 5 divisions - \$80

Make checks payable to SAHIBA.

The owner or leaser of the horse and the exhibitor must be members of SAHIBA.

Please return the form and payment to the High Point Chairman: Deneb Thompson,
PO Box 413, Lawrenceburg, KY 40342. Phone 304-389-5717.
Email: cygnusarabs@yahoo.com