

**SAHIBA Super Horse Award Nomination Form
For Year _____**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Name of Horse _____

Please circle one: Purebred Half-Arabian

Name of Primary Exhibitor _____

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

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