SAHIBA High Point Awards Nomination Form For Year _____

Name		
Address		
City	State	Zip
Phone ()	Email	
Name of Horse		
Please circle one: Purebred	Half-Arabian	Other
Please check the divisions you are enter	ing below:	
Halter/In Hand		
Western		
Hunter/Sport Horse		
Dressage (English or Western)		
Specialty		
Open Performance and Halter		
Youth Exhibitor		
Name of Exhibitor		
TOTAL AMOUNT ENCLOSED: \$		

Fees are:

1 division - \$25; 2 divisions - \$40; 3 divisions - \$60; 4 divisions - \$80; 5 divisions - \$100 Youth or Adult Exhibitors count as a division and must be paid for to be entered.

Make checks payable to SAHIBA

The owner or lessee 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

304-389-5717.

cygnusarabs@yahoo.com