

**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