## **OVAHA** High Point Form

Name of Participant	t/Rider			<del></del>
Horse's Name			· · · · · · · · · · · · · · · · · · ·	
		Rating		
Location of Show_		Date(s) of Show		
Class #	Name of Class	#of Entries	<u>Place</u>	<u>Points</u>
Owner/Lessee of Ho				
Signature and Addre	ess of Show Secretary:			
	ing complete prize list must a closing of show to the OVAI		rn the completed	form and show bill
Within 30 days of	closing of show to the OVA	1A High I olik Secretary.		
	<u>(</u>	OVAHA High Point Form		
N. CD. C.	/n:1			
	t/Rider			
Name of Show		Rating		
Location of Show_		Date(s) of Show		
Class #	Name of Class	#of Entries	<u>Place</u>	<u>Points</u>
Owner/Lessee of Ho	orse			
Signature and Addre	ess of Show Secretary:			

A show bill, including complete prize list must accompany this form. Return the completed form and show bill **Within 30 days** of closing of show to the OVAHA High Point Secretary