

OVAHA High Point Form

Name of Participant/Rider _____

Horse's Name _____

Name of Show _____ Rating _____

Location of Show _____ Date(s) of Show _____

<u>Class #</u>	<u>Name of Class</u>	<u>#of Entries</u>	<u>Place</u>	<u>Points</u>

Owner/Lessee of Horse _____

Signature and Address 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.

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