MLAHA HIGH POINT PROGRAM 2009
COMPETITIVE / ENDURANCE REPORTING FORM

FORM MUST BE POSTMARKED WITHIN 30 DAYS FOLLOWING THE EVENT!

WHAT POINTS ARE YOU REPORTING? HORSE ☐ RIDER ☐ BOTH ☐

NAME: _____ JUNIOR ☐ SENIOR ☐

TELEPHONE: (_____) _____ E-MAIL _____

HORSE'S REGISTERED NAME: _____

HORSE'S REGISTERED OWNER: _____

NAME AND DATE OF EVENT: _____

_____ _____

NAME OF RIDER SIGNATURE OF RIDER

COMPETITIVE TRAIL

SECTION: OPEN ☐ NOVICE ☐ COMPETITIVE PLEASURE ☐

LEVEL: AA ☐ A ☐ B ☐ SWEEPSTAKES Y ☐ N ☐

PLACE: HORSE ☐ RIDER ☐ COMPLETION ONLY: ☐

MILES COMPLETED (For Rebel's Raider Award) _____

ENDURANCE

DISTANCE: _____ PLACE: _____

COMPLETION ONLY: _____ BEST CONDITION: Y ☐ N ☐

MILES COMPLETED (For Rebel's Raider Award) _____

SIGNATURE OF EVENT SECRETARY: _____

MAIL FORM TO

MARGUERITE SEABOURN
1448 OUT WEST COURT
COOL, CA 95614 (530) 888-9141
margo_seabourn@calPERS.ca.gov

MLAHA USE ONLY

DATE RECEIVED: _____
DATE POSTMARKED: _____
DATE POSTED: _____