MLAHA HIGH POINT PROGRAM 2009
SHOW / DRESSAGE REPORTING FORM

ONE HORSE AND RIDER / HANDLER PER 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 _____

ARABIAN _____ HA/AA _____ SEX _____

NAME AND DATE OF EVENT: _____

CLASS #	CLASS NAME	#HORSES IN CLASS	PLACING

NAME OF RIDER / HANDLER **SIGNATURE OF RIDER/HANDLER**

SIGNATURE OF SHOW 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: _____

IF HORSE'S OR RIDER'S COMPETITION LEVEL HAS CHANGED SINCE LAST REPORT, PLEASE UPDATE CURRENT STATUS:

_____