



HIGH POINT INITIAL REGISTRATION FORM

Please complete all information (one rider/handler per form) and *send to the following - email is preferable:*

Amy Arndt
arndthome@hotmail.com

or

Amy Arndt
1225 S. Holly Drive
Sioux Falls, SD 57105

You may send this form with your first recording form, but it MUST be completed before any points can be accumulated.

Name of Rider/Handler _____

Horse's Name _____ () Arabian () Half-Arabian *(check one)*

Phone: _____ Email Address: _____

Address: _____

Age Division: () Walt - Trot (10 & under)
(check one) () 13 & under
() 14 to 17
() 18 to 39
() 40 and over

Class Division: () Halter / Showmanship
(check one or both) () Performance / Equitation

Show Division: () Class A
(check one or both) () Open