HIGH POINT RECORDING 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

All recording forms must be received by the Highpoint Chairman no later than November 1st.
No points will be counted with forms received after that date.

Name of Rider/Handler _____

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

Name of Show _____ ( ) Class A ( ) Open *(check one)*

Location of show _____ Date of show _____

Signature of Show Secretary _____

(Note: Open Shows require signature of Show Secretary; Class Shows can be submitted without signature and with a printout of the show results off of the AHA website, separately and for each show).

	Full Name of Class	**Placing**	**# of Horses in Class**
Halter / Showmanship			
Performance / Equitation			