California State Horseman's Association Region IV
2008 English / Western High Point Form

Name: _____**Date:** _____

Division: **Open** _____ **Amateur** _____ **Youth** _____

Horse's Name: _____

Show Name: _____ **Date:** _____

Judge's Name: _____

Class # Class Name **Placement** **# in Class**

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Show Management Signature: _____
(This is Required in order for points to count)

Exhibitor Signature: _____
(Your signature is stating that the information you have provided is correct. False information will result in termination of your participation in the high point program)

Please mail all points forms to:
Heather Ahalt
259 Swanson Road
Manteca, Ca. 95337

*** All point forms must be turned in to the current points person within 7 days of the show you are requesting points to count from NO EXCEPTIONS.**