

MLAHA HIGH POINT PROGRAM
2014 NOMINATION FORM

Registered HORSE

ONE HORSE NOMINATION PER FORM

OWNER/RIDER/HANDLER NAME: _____

ADDRESS, CITY, ZIP: _____

TELEPHONE: (_____) _____

E-MAIL _____

MLAHA MEMBER: Y ___ N ___ MEMBERSHIP No. _____

HORSE'S REGISTERED NAME: _____ SEX: _____

ARABIAN: _____ HA/AA: _____ SHAGYA: _____

REGISTRATION NUMBER: _____

***Please submit copy of registration papers with this form*

FEE SCHEDULE

HORSE only \$5.00

SENIOR RIDER (w/horse) \$5.00

JUNIOR RIDER (w/horse) \$5.00

MAIL FORM TO

Dorothee Moss
5055 4th St
Rocklin, CA 95677
Horzemadl20@outlook.com

MLAHA USE ONLY

DATE RECEIVED: _____

FEES PAID: _____