

MLAHA HIGH POINT PROGRAM
2014 REPORTING FORM

Endurance/Competitive Trail

**PLEASE SUBMIT FORM WITHIN ACCEPTABLE TIMEFRAME AFTER COMPETITION, BUT
NO LATER THAN NOVEMBER 15, 2014.**

REPORTING POINTS FOR: HORSE: _____ RIDER: _____ BOTH: _____

RIDER/ NAME: _____ JUNIOR: _____ SENIOR: _____

ADDRESS, CITY, ZIP: _____

TELEPHONE: () _____ E-MAIL _____

HORSE'S REGISTERED NAME: _____ SEX: _____

ARABIAN: _____ HA/AA: _____ SHAGYA: _____

HORSE'S REGISTERED OWNER: _____

EVENT NAME: _____ DATE: / /

ENDURANCE:

DISTANCE: _____ FINAL PLACING: _____

COMPLETION ONLY: _____ BEST CONDITION: Y ___ N ___

COMPETITIVE TRAIL:

SECTION: OPEN ___ NOVICE ___ COMPETITIVE PLEASURE _____

LEVEL: AA _____ A _____ B _____ SWEEPSTAKES: Y ___ N ___

FINAL PLACING: HORSE: _____ RIDER: _____ COMPLETION ONLY: _____

EVENT SECRETARY SIGNATURE (if Available): _____

Or Provide Printed Copy of Event Results: Y ___ N ___

RIDER SIGNATURE: _____ DATE: / /

MAIL FORM TO

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

MLAHA Use Only

Date Received: / /

Date Posted: / /

Results Verified: / /