



## Region 5 Year End High Point Award Form – AHA Shows Only

**Owners Name:**

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**Address:**

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**Phone:**

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**Email:**

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**Riders Name:**

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**Address:**

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**Phone:**

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**Email:**

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**Horse Name:**

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**Horse Registry #:**

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Mail no later than 30 days following a show

Michelle Pease-Paulsen  
2628 171st Ave E  
Lake Tapps WA 98381  
253-279-5995  
Parklne@comcast.net



## Region 5 Year End High Point Award Form

One form per entry – Please check one of the categories below - Please copy this page if you need more room.

<input type="radio"/> Walk Trot	<input type="radio"/> 13 and Under
<input type="radio"/> 14-18	<input type="radio"/> Adult Amateur
<input type="radio"/> Sport Horse Dressage Junior Exhibitor	<input type="radio"/> Sport Horse Dressage Adult Amateur
<input type="radio"/> Sport Horse Hunter Junior Exhibitor	<input type="radio"/> Sport Horse Hunter Adult Amateur
<input type="radio"/> Halter Horse	<input type="radio"/> Sport Horse In-Hand
<input type="radio"/> Main Ring Performance Horse	<input type="radio"/> Performance Horse Sport Horse
<input type="radio"/> Super Horse All Around	

Name of Show and Dates	Class Title	Placing	Number in Class	Show Secretary's name & Phone Number	Show Secretary's Signature OR Copy of Results from USEF or AHA	Volunteer Time. Description and Show Commission Member Signature
