VCMHC HIGH POINT TRACKER 2010

YOUTH: _____ Y or N

Click on each line to type

Name/Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone with area code: _____

Email address: _____

Must be a member of VCMHC

2010 Paid: _____ Y or N

Rider's Legal Name: _____ Rider's AMHA #: _____

Horse: _____ Registration #: _____

Sex: _____ Age: _____ Leased: _____ If LEASED, 1 copy of official AMHA lease document must be submitted to points Chairperson

SHOW / EVENT NAME: _____ DATE: _____

Please do not write in space below.

Class Number	Name of Class	Total # Entries	Your Placing						

Select FILE, SAVE AS and save to your DOCUMENTS file

Send completed forms to: **Elizabeth Abernathy, 12378 Pole Run Rd., disputanta, VA 23842-6727**