VCMHC HIGH POINT TRACKER 2017

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

2017 Paid: [ ] Y or N

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

Horse: _____ Registration #: _____

Sex: [ ] Age: [ ] Leased: [ ] If YES, please attach copy of official AMHA lease document

SHOW / EVENT NAME: _____ DATE: _____

Class Number	Name of Class	Total # Entries	Your Placing	For YE Award Calculation only, please do not write below					

Select FILE, SAVE AS and save to your DOCUMENTS file