

DCHA YEAR END HIGH POINT AWARD FORM

Please complete one form per show and send to point's keeper within 10 days of the show!

AGE GROUP (circle one): TINY TOT (10 & under) JUNIOR (16 & under) SENIOR (17 & over)

NAME: _____

HORSE'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

NAME OF SHOW: _____

SHOW DATE: _____

SHOW SECRETARY NAME (please print): _____

SHOW SECRETARY SIGNATURE: _____

SHOW SECRETARY PHONE #: () _____

NAME OF CLASS	PLACING	NUMBER IN CLASS

If more space is needed please use reverse side of this sheet.

Send completed form to DCHA Points Keeper:

KIM THRANE
N6270 N. Cedar Rd
Iron Ridge WI 53035
Or
KIMBERLY.THRANE@GMAIL.COM

