California State Horseman's Association Region VI
2010 E/W High Point Form

Name :_____Date : _____

Division: Open [] Amateur [] Youth []

Horse's Name:_____

Show Name: _____Show Date : _____

Judge's Name: _____

Class #	***Class Name***	***Placement***	***# in Class***

Show Management Signature:_____
(This is required in order for points to count)

Exhibitor Signature:
_____

(Your signature is stating that the information you have provided is correct. False information will result in termination of your participation in the high point program)

Please mail all points forms to:
Darlene Drace 1180f Day Road Gilroy, CA. 95020

**** All point forms with show premium must be turned into the current points person within 10 days of the show you are requesting points for. NO EXCEPTIONS***