California State Horseman's Association Region IV
2010 English/Western High Point Form for Out of Region Shows.

Name :_____Date : _____

Horse's Name:_____

Show Name: _____ 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:
Sheila Huggins 9657 Leland way Stockton CA 95212 Fax 209-948-1030

* All point forms must be turned in to the chair person within 10 days of the show you are requesting points to count from NO EXCEPTIONS.