



GET YOUR POINTS ON

APAHA High Point Money Program Verification Form

Rider/Owner Information

AHA Membership # _____ Owner Name _____

AHA Membership # _____ Rider Name _____

Address _____ E-Mail _____

City _____ State _____ Zip/Postal _____

Home # _____ Work# _____

Horse Information

Horse Name _____ Registration# _____

For more horses please use an additional form.

Horse Show Information

Show Name _____ Date _____

Class# _____ Class Name _____ Placing _____ Points _____

Class# _____ Class Name _____ Placing _____ Points _____

Class # _____ Class Name _____ Placing _____ Points _____

Class# _____ Class Name _____ Placing _____ Points _____

Please mail completed form within 30 days of show's completion to:

John and Christine Ryan

216 Irish Drive

New Oxford, Pa 17350

cjmryan@aol.com 609 558 4616

signature

