



BCIAHA High Point Awards Chairperson
 Michelle Baranow
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 West Kelowna, BC V4T 2M7
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* Please photocopy as needed *

BCIAHA HIGH POINT AWARD SHOW / EVENT SCORE SHEET

1. All information must be complete for results to count – see “High Point Award Rules”.
2. This form must be postmarked to the High Point Awards Chairperson by **October 1st**.
3. **One form for each horse, each show and each division.**
4. Please print clearly.

HORSE INFORMATION

Name of Horse: _____ Registration No. _____ Age of Horse: _____ Sex: _____
 Purebred Partbred

Division Entered: _____

OWNER INFORMATION

Name of Owner/Rider: _____ Birthdate (Jr.) _____
 Current AHA Affiliate Member through BCIAHA AHA # _____

Address _____

City _____ Prov. _____ Postal Code: _____

Home # _____ E-mail _____ Fax # _____

SHOW/EVENT INFORMATION

Name of Event: _____ Date of Event: _____
 Sanctioning Organization _____

Name of Class	No. of Horses Entered	Placing or %	Judge's Name	Points earned

Show Secretary/Manager Name (please print) _____

Phone _____ E-mail _____

I verify the above placing (s) is correct.

Show Secretary/Manager Signature _____ Date _____

OR

Please see attached AHA “Horse Competitions Record”