

American Saddlebred Horse Association of Virginia High Point Award Submitting Form

Name: _____

Name of Show: _____ Location: _____

Show Dates: _____ USEF: _____

Horse Name	Owner	Rider	Division	Class #	# of Entries	Placing	Championship Placing	# of Entries

***I hereby submit and certify the above information is correct. Must be mailed to Registrar within 30 days of show date.
All forms must be signed by Show Secretary and Owner/Trainer***

Owner/TrainerDateShow SecretaryDate

MAIL TO ASHAV HIGH POINTS REGISTRAR:
 Carol Reedy
 1617 Maiden Lane, S.W.
 Roanoke, VA 24015
 walktrot@cox.net

PHONE:
 540-982-0581