

AMERICAN SADDLEBRED HORSE AND BREEDERS ASSOCIATION SPORT HORSE HIGH POINT PROGRAM

HUNTER SHOW REPORT YEAR _____

Name of Show or Event				
Location		Date		
Owner's Name		USEF#		
Address				
Registered Name of Horse	Reg#	Horse's USEF#		
Rider				
CLASS	PLACE	JUDGE		
I hereby attest to the authenticity of the above so	cores.			
Show Secretary		Date		

Return this form:
ASHBA Sport Horse High Point Program
4083 Wing Commander Way, Suite 50
Lexington, KY 40511

THIS FORM MUST BE SIGNED BY THE SHOW SECRETARY



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JUMPER SHOW REPORT YEAR _____

Name of Show or Event			
Location		Date	
Owner's Name	er's Name		
Address			
Registered Name of Horse	Reg#	Horse's USEF #	
Rider			
CLASS	LEVEL	PLACE	JUDGE
I hereby attest to the authenticity of the a	above scores.		
Show Secretary		Date	

Return this form:
ASHBA Sport Horse High Point Program
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