

**MHAO HIGH POINT REGISTRATION  
FORM**

**OWNER/LESSEE INFORMATION:** **SHOW YEAR** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**NAME OF HORSE:** \_\_\_\_\_

**AMHA #:** \_\_\_\_\_

**DISCIPLINES SHOWN IN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_