ASAC 2012 HIGH POINT RECORD FORM

HORSE'S NAME:_____

RIDER'S NAME:_____
(Please circle if you are an Equitation or Academy rider)

DIVISION:_____

STABLE NAME:_____

EXHIBITOR/OWNER_____

EMAIL ADDRESS:_____

ADDRESS:_____

TELEPHONE:_____

Show Name & Location	**Class number**	**Show Rating (a.b.c)**	**Place**	**Points**
			Total points -	

Use separate sheet for **each** class nominated. **Results must be received by 7/15/12**.
Final results must be received by 11/15/12.

Mail record form to:
ASAC Awards c/o Anita Simpson
4819 New Hope Ch Rd.
Monroe NC 28110