

MPHA High Points Event Record

Event record is required for each horse/event attended!

Horse's Name: _____

Horse's Registration # _____

Division: Senior Junior Youth

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Rider's Name(if different from above): _____

Address: _____

Phone: _____ Email: _____

Event Details

Event Name: _____ Date(s): _____

Event Address: _____

Event Coordinator: _____

Phone: _____ Email: _____

Horse's placement or participation in event: _____

I certify that the above horse participated in the listed event and the above information is accurate to the best of my knowledge.

Signature of Owner: _____

Signature of Judge/Event Coordinator: _____

Please send completed form to:

Attn: R. Layne

MPHA

PO Box 5

Jeffersonville, KY 40337

Or via email to Rebekkah Layne at mccoylebekkah@gmail.com

This form must be submitted by midnight November 1st to be counted towards high points awards!