## WDHA High Point Nomination Form

One (1) Horse Per Form \ Entry Fee Per Division: \$15.00 Effective November 1, 2012

Horse:				Sex:	
Registration #:		Birth Date:			
Owner: _			Exhibitor:	□ Phone:	
E-Mail:		Membership: [□ New □ Renewal] Date:			
Mailing A	ddress:				
Owner: _			Exhibitor:	□ Phone:	
E-Mail:		Membershi	Membership: [□ New □ Renewal] Date: _		
Exhibitor:		Membership: [□ New □ Renewal] Date:			
Exhibitor:		Membership: [□ New □ Renewal] Date:			
Exhibitor:		Membership: [□ New □ Renewal] Date:			
Divisi	ion#	Division Name			
Evhihit	or Name (If competing in an Exhib	vitor Division)	Age	Division#	Fee \$\$
DAIIDIC	or name in competing in an Exam	ottor Division)	Age	Division	1 CC ψψ
Legion (	Of Merit Nom	ination [Fee \$50	<u> </u> 	☐ Re-nomination	n [\$40.00]
_		ination [Fee \$65			
<u> </u>	<u> </u>		».oo <sub>1</sub>		11 [\$00.00]
TOTAL	PAYMENT ENCLOSED			\$	
	<<<<<	<< Mail To:	>>>>>	·>>>	
	~ High Point Nomination Form	, ~		Manulanal to E	
	Amanda Wilson		~ <i>Membership Form ~</i> Marie Schickowski		
	216 Caroline Street			1629 Bond Ct.	
	Neenah, WI 54956			Green Bay, WI 543	03

Form A Revision Date: 01/14/2017, 12/31/2020