

WDHA High Point Nomination Form
 One (1) Horse Per Form \ Entry Fee Per Division: \$15.00
 Include copy of registration papers

Horse: _____ Sex: _____

Registration #: _____ Birth Date: _____

Owner: _____ Exhibitor: Phone: _____

E-Mail: _____ Membership: New Renewal Date: _____

Mailing Address: _____

Owner: _____ Exhibitor: Phone: _____

E-Mail: _____ Membership: New Renewal Date: _____

Exhibitor: _____ Membership: New Renewal Date: _____

Exhibitor: _____ Membership: New Renewal Date: _____

Exhibitor: _____ Membership: New Renewal Date: _____

Division#	Division Name	Fee \$\$

Exhibitor Name (If competing in an Exhibitor Division)	Age	Division#	Fee \$\$

Legion Of Merit Nomination [Fee \$50.00] Re-nomination [\$40.00]

Supreme Legion Of Merit Nomination [Fee \$65.00] Re-nomination [\$55.00]

TOTAL PAYMENT ENCLOSED \$ _____

<<<<<<<<< **Mail To:** >>>>>>>>>

~ *High Point Nomination Form* ~
 Amanda Wilson
 216 Caroline Street
 Neenah, WI 54956

~ *Membership Form* ~
 Marie Schickowski
 1629 Bond Ct.
 Green Bay, WI 54303