



**CSHA REGION 3  
ENGLISH/WESTERN HIGH POINT PROGRAM  
POINTS FORM**

RIDER NAME: \_\_\_\_\_ HORSE NAME: \_\_\_\_\_

ENTRY NUMBER FOR THIS SHOW: \_\_\_\_\_ SHOW DATE: \_\_\_\_\_

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

Class #	Name of Class & Division	# of Exhibitors	Place in Class 1 <sup>st</sup> -10 <sup>th</sup>	Points Earned

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
SHOW MANAGER OR SECRETARY

\_\_\_\_\_  
DATE

Show Management: Please verify all information on this sheet. Please sign and date the sheet and return to the participant.