

# AHA of Indiana High Point Nomination

Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Check each Division you are nominating this horse for:

_____	Halter
_____	English
_____	Western

Exhibitor Name: \_\_\_\_\_

_____	Junior
_____	Senior

Total @ \$10 per division: \$ \_\_\_\_\_

Payable to AHA of Indiana

Please include your email address: \_\_\_\_\_

*Mail or Email to:* [Tricolors@gmail.com](mailto:Tricolors@gmail.com)

Dawn Voris

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