**MHAO HIGH POINT REGISTRATION FORM**

OWNER/LESSEE INFORMATION:

NAME:

ADDRESS:

HOME PHONE #: CELL PHONE #

E-MAIL:

NAME OF HORSE:

AMHA #:

DISCIPLINES SHOWN IN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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