

# Michigan Justin Morgan Horse Association 2019 High Point Nomination Form

## Morgan High Point

## Open High Point

Mail to: **Jeanne Tressler**  
11760 O'Dell  
Webberville, Mi 48892  
517-521-3515

Mail to: **Stephanie Sparrow**  
11111 Hickory Tree Court  
South Lyon, MI 48178  
248-912-5898

Carriage, Dressage, and MIHA must be nominated to the Open Division

- When nominating in both the Morgan and Open High Point Divisions, please duplicate this form and mail Morgan High Point to Jeanne Tressler and Open High Point to Stephanie Sparrow
- Nominations will only be accepted on this form or facsimile thereof. Point accumulation begins ONLY after nomination fees and MJMHA membership has been received. See your Membership Directory for all High Point rules.
- If the address of any equitation rider is different then that of the owners, please include both addresses.
- Open points for the year must be submitted by November 1st

<u>Horses Name</u>	<u>Year Foaled</u>	<u>Sex</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Owner's Name \_\_\_\_\_ Telephone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1) Equitation Rider \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Equitation Rider \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Equitation Rider \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Please clearly mark division(s)***

- Each Morgan Horse .....\$15.00
- Each Open/4-H Horse.....\$15.00
- Each Morgan Equitation Rider..\$15.00
- Each Open/4/H Equitation Rider..\$15.00
- Each Dressage Horse/Rider.....\$15.00
- Each MIHA Horse/Rider.....\$15.00

Cash (Do not mail cash)  
 Check (Payable to MJMHA)  
 Mastercard  
 Visa Security

CC#: \_\_\_\_\_ Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zipcode \_\_\_\_\_

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

Owner Address \_\_\_\_\_

Signature: \_\_\_\_\_