



**NJHAHA**  
**HI-SCORE NOMINATION FORM**

_____
(year)

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Registration #: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

**CATEGORIES ENTERED @ \$15 per category:**

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_

Owner's signature: \_\_\_\_\_

Date: \_\_\_\_\_ NJHAHA dues paid: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: NJHAHA**

**SEND TO:** Cynthia Roszel                      609-758-7032  
 210 Brindletown Rd.  
 New Egypt, NJ 08533                      e-mail: roszelc@ufrsd.edu

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*Do not write below this line – for office use only*

Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Member ( )

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