

**FMHA High Point Form
Registration Form**



OWNER/LEESEE INFORMATION:

SHOW YEAR: _____

NAME: _____

ADDRESS: _____ STATE _____ ZIP _____

EMAIL: _____

PHONE NUMBER: _____

DATE MEMBERSHIP PAID TO FMHA (Florida Morgan Horse Association)*:

FORM OF PAYMENT (CHECK #, ONLINE PAYMENT ETC): _____

Trainer/Barn Name: _____

HORSE INFORMATION:

NAME OF HORSE: _____

AGE of Horse : _____

DISCIPLINES SHOWN IN:

Exhibitor/Rider Name and Age*: _____

Equitation Division(s)- If any : _____

****Instructions**:**

For Membership Dues: You can join by going to <http://fmha.net> or you can mail this form with a check made out to FMHA address: FMHA, 4208 W. Corona St., Tampa, FL 33629

For submission of form separate from Membership Dues

please email to Rebecca Watters:

rwatters216@gmail.com

(If mailing, please reach out to Rebecca via email for mailing address)

*Please disclose age of all riders including amateurs; these points will go towards the overall Rider/Driver age groups (Junior Exhibitor, Amateur Rider/Drive 18-49, and Amateur Masters 50 & over)