

**THE INSTITUTE**  
FOR THE DESERT ARABIAN HORSE

***Drinkers of the Wind***  
*Annual High-Point Award*  
*Enrollment Form*

***To register your horse, fill out this form and return it to the Award Secretary  
Susan Mayo, 5493 Edwards Rd., Denton, Texas 76208.  
Form must be signed by the owner.***

**Horse**

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

Registration Number (circle one: AHA or CAHR) \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

**Owner**

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Rider/Driver (if different from owner) \_\_\_\_\_

Please describe the type of competitions you plan to enter

\_\_\_\_\_

***I have read and agree to all the rules and terms of the award as described at  
[www.desertarabian.org](http://www.desertarabian.org)***

---

***Signature***

***Print Name***

---

***Date***