

EXCLUSIVE HIGH POINT N.J. AWARD

MUST SIGN UP BEFORE 7:00AM ON THURSDAY

Exhibitor: _____

Back Number: _____

Horse Name: _____

RECEIVED BY PCJ Staff: _____

(Must be signed by PCJ Staff to be valid & Exhibitor should acquire a copy)

DATE: _____

Fax: 973-383-7302

(PLEASE PROVIDE YOUR FAX NUMBER SO WE CAN FAX BACK THE SIGNED RECEIPT)