

# WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

## HORSE LIFETIME POINTS & AWARDS PROGRAM

### *Lifetime Enrollment Form*

*The WDAA Horse Lifetime Points & Awards Program tracks points achieved by a horse with their riding partner throughout their Western Dressage career. This award is open to all horses, ponies and mules regardless of any breed registration, type, age, etc. More information about the WDAA Horse Lifetime Points & Awards Program is available at [www.wdaaworldshow.org](http://www.wdaaworldshow.org)*

*To enter your horse in this program please complete form in its entirety, submit copies of any registration paperwork and the \$100 one-time enrollment fee. An additional Annual Recording Form & Fee must be filed for each competition year to continue point submission tracking. The WDAA retains the right of final approval for all horse enrollment and awards.*

Horse's Name: \_\_\_\_\_

Gender (please circle):    Stallion                      Mare                      Gelding                      Year of Birth: \_\_\_\_\_

Color: \_\_\_\_\_ Face Markings: \_\_\_\_\_

Leg Markings: \_\_\_\_\_

Other Markings: \_\_\_\_\_

Breed(s) (or list as Grade): \_\_\_\_\_

Breed Association Registry Association and Horse Registration Number (use following lines for multiple entries):  
 \_\_\_\_\_  
 \_\_\_\_\_

*Owner must be a member in good standing of the WDAA at the time of this application and all subsequent point submissions.*

Owner's Name: \_\_\_\_\_ WDAA Member No: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*As the Horse Owner, I confirm that the above information is correct and that I have read and agree to abide to the USEF Western Dressage Rules and conditions of the WDAA Horse Lifetime Points & Awards Program.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Submit to: WESTERN DRESSAGE ASSOCIATION® of AMERICA  
 c/o Ellen DiBella, PO Box 2349, Parker, Colorado 80134

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For WDAA Office Use Only: Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Check Total \_\_\_\_\_ Entered By \_\_\_\_\_