

WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

HORSE LIFETIME POINTS & AWARDS PROGRAM

Test and Rail Class Score Submission Form

Forward this report completed in its entirety, including copies of each test and applicable fee of ten dollars (\$10) per score. This report covers ONE HORSE and ONE EXHIBITOR (RIDER) combination at ONE SHOW. The entry is valid only for the competition year in which the show was held. The WDAA retains the right of final approval of all submitted scores and awards.

For this submission to be considered:

- Horse must have a WDAA Lifetime Recording Number
- Horse must be declared with a Horse Lifetime Points & Awards Program Annual Recording Form for the current competition year
- Exhibitor (Rider) and Horse Owner must be members of the WDAA in good standing

Horse's Name: _____ WDAA Horse #: _____

Exhibitor's Name: _____ WDAA Member #: _____

Owner's Name: _____ WDAA Member #: _____

Owner's Email: _____

WDAA Recognized Show Information:

Show Name: _____ WDAA Recognized Show #: _____

Show Host or Facility: _____

Show City/State: _____ Show Date: _____

For Western Dressage, Equitation and/or Freestyle Tests: *list below the number of the class(es) entered, the test(s) level and number, test score(s) and percentage(s).*

Class #	Judge	Test Level	Test #	Score	Percentage

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For Suitability, Hack and/or Equitation on the Rail Classes: list below the number of the class(es) entered, the class(es) name, number of entries in the class(es) and the placing(s) of the horse and rider.

Class #	Class Name	Judge	Placing	# Entries in Class	Points Earned

To calculate the applicable recording fee, list the total number of:

Western Dressage, Equitation and/or Freestyle Tests _____ x \$10 per test = _____

Suitability, Hack and/or Equitation on the Rail Classes _____ x \$10 per test = _____

Total fee due _____

In compliance with the WDAA Horse Lifetime Points & Awards Program, I certify that the horse named on this report did in fact enter and score as listed on this report.

Exhibitor's Signature: _____

Printed Name: _____ **Date:** _____



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

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