



INTERNATIONAL MORAB BREEDERS ASSOCIATION

MORAB BREEDER OF THE YEAR

SHOW REPORTING FORM

Year Applying For _____

Breeder Name (to count points under) _____

Address _____

Phone _____ Email: _____

Horse Name _____ IMR# _____

Show Name and Date _____

**** One horse per form. Morab horses should be 3 year-old or younger.**

****Points for the Lifetime Achievement Award Program (LAAP) must be sent on a separate form.**

Return this Form To:

IMBA Award
N.8075 Behling Road
Tomahawk, WI 54487

* All forms must be postmarked
by December 31st.

Name of Class	Number of Horses in Class	Placing	(Office Use—Points)

If you received a Show High Point or Special Award please list: _____

I, the undersigned do hereby certify that the horse listed above did in fact enter in the event(s) stated on this form.