

LIFETIME ACHIEVEMENT AWARD PROGRAM COMBINED DRIVING CATEGORY FORM

Mail with \$1.00 fee per
Show/Event to:
IMBA Award Program
W6912 Hwy A
Lake Mills, WI 53551
920-945-0244
Email:awardsimba@yahoo.com

Horse Name	Registration Number
Owner Name	Membership Number
Owner Address	Phone Number
Show/Event Name	Show/Event Date

** A copy of the Show/Event list or published results MUST be submitted with this form.
** If you also placed/ranked in the class put those results on the Show Category Form.

Level	Penalty Points	Office Use (Points)

Presentation & Dressage	Penalty Points	Office Use (Points)

Obstacles	Penalty Points	Office Use (Points)

Best Condition _____ Morab Division Winner _____

½ Arabian/ ½ Morgan Division Winner _____

If you received any other 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.

Owner's Signature

Date