

# LIFETIME ACHIEVEMENT AWARD PROGRAM DRESSAGE 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 Front of the Score Sheet with Signature or published results **MUST** be submitted with this form.

\*\* If you also placed in the class put those results on the Show Category Form.

Dressage Level / Class	Test	Score	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.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date