LIFETIME ACHIEVEMENT AWARD PROGRAM
RECREATIONAL/SADDLE LOG
CATEGORY FORM

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

Horse Name	Registration Number
Owner Name	Membership Number
Owner Address	Phone Number

Date	Activity	Hours	Office Use (Points)

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

_____ _____
Owner's Signature Date