

**LIFETIME ACHIEVEMENT AWARD PROGRAM  
SPECIAL EVENTS 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

\*\* A copy of the Event list if possible should be submitted with this form.

Special Event Name	Demonstration/ Presentation	Date	Office Use (Points)

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