INTERNATIONAL MORAB BREEDERS ASSOCIATION
VERSATILITY AWARD
RECREATIONAL / SADDLE LOG REPORTING FORM

Owner Name_____

Address & Phone_____

Horse Name_____ **Registration Number**_____

Has your horse won the Versatility Award before (please circle) No/ Once/ Twice

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

Return this Form with
$1.00 fee per form to:
IMBA Awards
W6912 Hwy A
Lake Mills, WI 53551
920-945-0244
Email: awardsimba@yahoo.com

*** All horses entered must be Lifetime Achievement Award Program (LAAP) nominated.**

Date	Activity	Hours	Office Use (Points)

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

_____ _____

Signature **Date**