INTERNATIONAL MORAB BREEDERS ASSOCIATION YOUTH PROGRAM

RECREATIONAL/SADDLE LOG FORM

Youth Name_____

Address & Phone_____

Age division (Age as of January 1st) Circle One: Ages 3—10 yrs, Ages 11—15 yrs, Ages 16—18 yrs

Horse Name_____ **Breed**_____
(The horse may be a Morab, Morgan or Arabian)

**** One horse/rider combination per form.**
**** Points for the Lifetime Achievement Program (LAAP) must be sent on a separate form**

Return this Form to:

IMBA Youth Programs
W6912 Hwy A
Lake Mills, WI 53551
920-945-0244
Email: awardsimba@yahoo.com
*** All forms must be postmarked by December 31st.**

Date	Activity	Hours	(Office Use- pts)

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

_____ _____

Youth Signature **Date**