

# WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

## HORSE LIFETIME POINTS & AWARDS PROGRAM

### *Test and Rail Class Score Submission Form*

*Forward this report completed in its entirety, including copies of the score page for each test and applicable fee of \$10 per score. This report covers ONE HORSE and ONE EXHIBITOR (RIDER) combination at ONE SHOW. The WDAA retains the right of final approval of all submitted scores and awards.*

*For this submission to be considered:*

- *Horse must have a WDAA Lifetime Recording Number*
- *Horse must be declared on an Annual Recording Form for the current competition year*
- *Exhibitor (Rider) and Horse Owner must be members of the WDAA in good standing*
- *The tests/classes must be from a WDAA recognized show*

Horse's Name: \_\_\_\_\_ WDAA Horse #: \_\_\_\_\_

Exhibitor's Name: \_\_\_\_\_ WDAA Member #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ WDAA Member #: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

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### WDAA Recognized Show Information:

Show Name: \_\_\_\_\_ WDAA Recognized Show #: \_\_\_\_\_

Show Host or Facility: \_\_\_\_\_

Show City/State: \_\_\_\_\_ Show Date: \_\_\_\_\_

**For Western Dressage Tests:** *list below the number of the class(es) entered, the test(s) level and number, test score(s) and percentage(s).*

Class #	Judge	Test Level	Test #	Score	Percentage

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**For Suitability, Hack, Equitation on the Rail and Western Dressage Seat Equitation Pattern Classes:** list below the number of the class(es) entered, the class(es) name, number of entries in the class(es) and the placing(s) of the horse and rider.

Class #	Class Name	Judge	Placing	# Entries in Class

To calculate the submission fee, list the total number of:

Western Dressage Tests \_\_\_\_\_ x \$10 per test = \_\_\_\_\_

Suitability, Hack, Equitation on the Rail and  
Western Dressage Seat Equitation Pattern Classes \_\_\_\_\_ x \$10 per test = \_\_\_\_\_

**Total fee due** \_\_\_\_\_

*In compliance with the WDAA Horse Lifetime Points & Awards Program, I certify that the horse named on this report did in fact enter and score as listed on this report.*

**Exhibitor's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Submit to: **WESTERN DRESSAGE ASSOCIATION® of AMERICA**  
PO Box 2349, Parker, Colorado 80134

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For WDAA Office Use Only: Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Check Total \_\_\_\_\_ Entered By \_\_\_\_\_