



2016 High Point Award Application Form

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Last Name: _____

First Name: _____

Horse's Name: _____

Breed: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone : _____

Email: _____

DIVISION (Check only one) OPEN _____ AMATEUR _____ YOUTH (under 18) _____

LEVEL OF COMPETITION : INTRO ___ BASIC ___ Level 1 ___ Level 2 ___ Level 3 _____

YEARLY FEES FOR EACH LEVEL OF COMPETITION: \$20 Open, \$20 Amateur, \$15 Youth

TOTAL REMITTED: _____

Signature: _____

Signature of Parent/Guardian (if under 18): _____

Include this form filled out and signed, a check payable to the Western Dressage Association of Georgia, and at least one test sheet. Additional tests throughout the show season may be mailed to our Secretary, Nicole Parks, 706 Tribal Trail, Woodstock, GA 30188