



2017 High Point Award Application Form

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____

Horse's Name: _____ Breed: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Email: _____

WDAGA Membership # _____ WDAA Membership # _____

(You MUST be a member of both the National WDAA and Georgia WDA to participate)

DIVISION:

(Please check only one) OPEN _____ AMATEUR _____ YOUTH (under 18) _____

Level: INTRO _____ BASIC _____ Level 1 _____ Level 2 _____ Level 3 _____

FEES per level: \$25 Adult; \$15 Youth

TOTAL FEES: _____

Signature: _____

Mail form and check payable to WDAGA to:

Kim Depp, WDAGA High Point Chairperson
1520 Tate Road
Summerville, GA 30747