

**LIFETIME ACHIEVEMENT AWARD PROGRAM
SHOW CATEGORY FORM**

Mail with \$1.00 fee per
Show/Event to:
IMBA Award Program
S101 W34628 County Road LO
Eagle, WI 53119

Horse Name	Registration Number
Owner Name	Membership Number
Owner Address	Phone Number
Show/Event Name	Show/Event Date

**** A copy of the Show/Event list or published results MUST be submitted along with this form.**

Class #	Class Name	# of Horses	Placing	Office Use (Points)

If you received a Show High Point or Special Award please list:

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

Owner's Signature

Date