

**LIFETIME ACHIEVEMENT AWARD PROGRAM  
RECREATIONAL/SADDLE LOG  
CATEGORY FORM**

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

Horse Name	Registration Number
Owner Name	Membership Number
Owner Address	Phone Number

Date	Activity	Hours	Office Use (Points)

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

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date