

DRESSAGE RIDER TIME QUALIFICATION FOR YEAR-END AWARDS

Minimum 4 hour requirement

RIDER'S NAME: _____

PLEASE PRINT AND FILL OUT COMPLETELY

ADDRESS: _____

PHONE #: _____ EMAIL: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Date: ___/___/___ From: ___:___ TO: ___:___ Total Time: _____ Rep: _____

Total Hours Given: _____

Calculated by: _____ Checked by: _____ Qualified: No ___ Yes ___