

Phone#

YEAR END AWARDS ENTRY FORM (revised 1/2022)

Make checks pa	yable to: Th	d prior to any test be e Dressage Company	and send	d with comple				
		unefield Ave, Cincinn ead and understand t			es append	ed to this form:		
DATER	ATERider Signature			Thoroughbred Name/T.I.P. #				
DRESSAGE ENTRY #	#1							
Rider Name			F	lorse Name				
Level		Division	(circle one	e) NOVICE JR	AA OPEI	N		
DRESSAGE ENTRY #	#2							
Rider Name			F	lorse Name				
Level		Division	(circle one	e) NOVICE JR	AA OPEI	N		
COMBINED TEST EI	NTRY #1							
Rider Name				Horse Name _				
Level: (circle one)	STARTER	BEGINNER NOVICE	NOVICE	TRAINING	PRELIM	INTERMEDIATE		
COMBINED TEST EI	NTRY #2							
Rider Name				_Horse Name _				
Level: (circle one)	STARTER	BEGINNER NOVICE	NOVICE	TRAINING	PRELIM	INTERMEDIATE		
EVENTING ENTRY #	#1							
Rider Name				_Horse Name				
Level: (circle one)	STARTER	BEGINNER NOVICE	NOVICE	TRAINING	PRELIM	INTERMEDIATE		
EVENTING ENTRY #	#2							
Rider Name				_Horse Name				
Level: (circle one)	STARTER	BEGINNER NOVICE	NOVICE	TRAINING	PRELIM	INTERMEDIATE		
OFFICE USE: Date	Posted or Re	ceived by Hand Delivery	/:	From:				
Amount	Ck#	Sianed. V N	1					

Address