

WDHA Challenge Award Point Form
Effective: January 1, 2009

Horse: _____
Owner: _____
Phone: _____ E-mail: _____

Scheduled Trail Ride (20 Points)

Ride Name/Location: _____ Date: _____

Ride Management Signature: _____

Telephone: _____ **POINTS:** _____

Pleasure Drive (20 Points)

Ride Name/Location: _____ Date: _____

Event Management Signature: _____

Telephone: _____ **POINTS:** _____

Clinic/Demonstrations (20 Points)

Ride Name/Location: _____ Date: _____

Event Management Signature: _____

Telephone: _____ **POINTS:** _____

Parade (20 Points)

Ride Name/Location: _____ Date: _____

Placing (10 points): _____

Parade Management Signature: _____

Telephone: _____ **POINTS:** _____

Home Trail Riding (1 Point Per Mile)

See attached log for details **POINTS:** _____

SIGNATURE: _____ I verify the above information is correct

Mail To: Shelly Lehman ~ N7965 State Road 76 ~ Bear Creek ~ WI ~ 54922
carouse0@frontiernet.net ~ (715)752-3368