

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