

RIDER REPORT FORM
Through Connection PONY AWARDS for Excellence in Dressage

This form is for selected USDF Region 3 Competitions

Pony: _____ Breed: _____

Sire: _____ Dam: _____ Date of Birth: _____

Breeder: _____ Country of Birth: _____

Rider: _____ Jr/YR or AA: _____ Birthdate if Jr/YR: _____

Address: _____ Phone: _____

City: _____ State: _____ Zipcode: _____

Email: _____

Show: _____ Date: _____

Class #	Dressage Level/Test#	Judge(s)	Score
			%
			%
			%
			%
			%
			%
			%
			%
			%

Completed form must be received within 20 days following the competition. Copies of tests not required. You will receive confirmation of receipt of report within 7 days.

Show Secretary Signature (required): _____ Date: _____

Send or fax form to: **Through Connection Ltd.**
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 Alpharetta, GA 30004
 770-752-0973 FAX
 nferebee@bellsouth.net