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 **Alberta Dressage Association**

Please print ***clearly***

 [www.albertadressage.com](http://www.albertadressage.com)

**Para-Dressage (EC Tests) Rider Performance Award**

 **Application Form**

**Level of Award (check one)**

|  |  |
| --- | --- |
| **EC Para Level #1 Walk** |  |
| **EC Para Level #2 Walk/Trot** |  |
| **EC Para level #3 Walk/Trot/Canter** |  |

**A copy of the tests must accompany Application Form in order to validates scores.**

Scans of tests should include: **name of test; name of rider; name of show; date of show; percentage achieved; name of judge(s).**

|  |
| --- |
| **Information Rider** |
| First Name  | Last Name | AEF Number #  |
| Address | e-mail | EC Sport Licence # |
| City, Province | Postal Code | Phone |
| ADA Area Group | EC Para-Dressage Dispensation Number: |

|  |
| --- |
| **Show Information** |
| **Date** | **Show** | **Judge(s)** | **Detailed Test Name**  | **Score (%)** |
|  |  |  | Test #1 |  |
|  |  |  | Test #2 |  |
|  |  |  | Test #3 |  |
|  |  |  | TOC: give name of test: |  |

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF RIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*\* Unsigned forms will be returned unprocessed.***

***Surface Mail to:* ADA Awards Committee c/o Lorraine Hill**

or **273146 Lochend Road, Rocky View County, Alberta T4C 2Z8**

***Scan and Email to*:** Attention ADA Awards Committee at: ada@albertadressage.com