



Academy Awards Point Report Form

Please fill out the following form in its entirety & confirm that the rider is an active ASHBA member before returning this form.
Incomplete forms will not be considered for Academy Awards.

Rider Name: _____

Is the rider an active ASHBA Member? Yes No

ASHBA Membership #: _____

Level Applying For: _____

Barn Name: _____

Barn Address: _____

City: _____

State/Zip: _____

Parent Email: _____

Name of Show	Date	Class	Placing	Points
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I certify that these results are accurate and the rider (listed above)
is eligible for an Academy Award this year.

Total Points Being Submitted: _____

Signature of Trainer/Parent