



# INTERNATIONAL MORAB BREEDERS ASSOCIATION YOUTH PROGRAM

## RECREATIONAL/SADDLE LOG FORM

Youth Name \_\_\_\_\_

Address & Phone \_\_\_\_\_

Age division (Age as of January 1st) Circle One: Ages 3—10 yrs, Ages 11—15 yrs, Ages 16—18 yrs

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_

(The horse may be a Morab, Morgan or Arabian)

\*\* One horse/rider combination per form.

\*\* Points for the Lifetime Achievement Program (LAAP) must be sent on a separate form

Return this Form to:  
 IMBA Youth Program  
 S.101 W.34628 Hwy LO  
 Eagle, WI 53119  
 Email: imbayouth@yahoo.com

\* All forms must be postmarked  
 by January 31st.

Date	Activity	Hours	(Office Use- pts)

I, the undersigned do hereby certify that the horse listed above did in fact participate in the event(s) stated on this form.

\_\_\_\_\_  
 Youth Signature

\_\_\_\_\_  
 Date