



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
 N.8075 Behling Rd.
 Tomahawk, WI 54487
 Email: imbayouth@yahoo.com

* All forms must be postmarked
 by December 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