

LEVEL/DIVISION RIDDEN:_____

DATE OF SHOW	NAME OF SHOW	PROVINCE	JUDGE(S)	%	
Please provide 3 scores from 3 different judges at the same level in the current competition year.			TOTAL PERCENTAGES (each 60% minimum)		
			AVERAGE % (Divide by 3)		
RIDER INFORMATION					
NAME:AGE (as of Jan 1):EMAIL:					
ADDRESS:					
CITY/TOWN:			POSTAL CODE:		
TEL:	CADORA GROUP:	c	CADORA INC #:		
HORSE INFORMATION					
NAME OF HORSE:		EC RECORDING #:			
OWNER INFORMATION					
NAME:	EMAIL:				
TEL:	CADORA GROUP:	CADORA GROUP:CADORA INC #:			

• Copies of your dressage tests (as indicated above) must be included with this report form, or it will be considered invalid.

• All riders and owners must be members of Cadora INC no later than July 1st of the current year in order to be eligible for these awards.

• At least one of the submitted tests must have an "7" for "Riders Position and Effectiveness of Aids"

Email this form (and scanned copies of your tests) no later than December 1st to: Claire Vessey, Awards Co-ordinator, clairevessey@yahoo.com

FOR COMPLETE INFORMATION ON THE CADORA INC YEAR-END AWARDS PROGRAM, PLEASE SEE THE CURRENT EDITION OF THE CADORA INC OMNIBUS OR GO TO WWW.CADORA.CA.

www.cadora.ca