

2014 ParaEquestrian Award Submission Form Must be submitted by October 6, 2014

This form is required	I if you are ap	plying for th	e ParaEquestrian A	ward.			
Name of Rider:							
Name of Owner:							
Name of Horse:							
Criteria – Please se	e full criteria	details on v	website www.ottav	vadressage.ca			
Results: Please list y If any scores are fro where scores can b	m external s				ose scores, or incl	ude websi	
Show Location	Date	Class	Judge(s)	Score	Website		
Sum of top three sco	res:	_					
Rider's Signature:			E-mail:				
Contact Phone Num	ber:						
Mail to:	to: Or			email to: awards@ottawadressage.ca (signature not required)			
Catherine Maguire, C 1200 Clayton Road, I Almonte, ON K0A 1A0 Must be received by	RR1	Director	ν σ	,			