



CADORA INC AWARDS PROGRAMME SCORE REPORT FORM

LEVEL / DIVISION RIDDEN: _____

DATE OF SHOW	NAME OF SHOW	PROVINCE	JUDGE(S)	%
			TOTAL PERCENTAGES (each: 60% minimum)	
			AVERAGE % (Divide by 3)	

RIDER INFORMATION

NAME: _____ EMAIL ADDRESS: _____
 MAILING ADDRESS: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE: _____ CADORA GROUP: _____ CADORA INC #: _____

HORSE INFORMATION

NAME OF HORSE: _____ EC PASSPORT #: _____

OWNER INFORMATION

NAME OF OWNER: _____ EMAIL ADDRESS: _____
 MAILING ADDRESS: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE: _____ 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 June 1st of the current year in order to be eligible for these awards.

Mail this form (and test copies) no later than December 1st to: Judith Pineault, Awards Coordinator, 49 North Road, RR 3, Yarker, ON

FOR COMPLETE INFORMATION ON THE CADORA INC YEAR-END AWARDS PROGRAMME, PLEASE SEE THE CURRENT EDITION OF THE CADORA INC OMNIBUS OR GO TO www.cadora.ca.