

Attention: Competition Manager/Secretary

Lisa Seger Insurance Adult Amateur Medal Program

OFFICIAL RECORD OF WINNER FORM

Please return this form GDCTA within 10 days after the competition. Failure to return this form within 10 days of the competition could result in the winner not being eligible for the Finals.

Name of competition: _____

Date of competition: _____

____ YES, the presentation packet with the Lisa Seger Insurance medal and neck ribbon was given to the Lisa Seger Insurance Medal winner at this dressage competition.

____ NO, there was no Lisa Seger Insurance Medal winner at this competition (check reason below)

____ Scores below 60 percent

____ Did not meet GDCTA membership

____ Other (please explain) _____

1. Competition manager/secretary: _____

2. Address: _____

3. Telephone number: _____

Lisa Seger Equine Insurance Medal Winner Information:

4. Name of Lisa Seger Insurance Medal winner: _____

5. GDCTA number: _____

6. Address: _____

7. Score earned in the Lisa Seger Insurance Medal class: _____

8. Manager/Secretary signature: _____

Please return this form to GDCTA even if you did not have a Lisa Seger Insurance Medal winner.

Please send to:

Georgia Dressage & Combined Training Association
1690 Julius Bridge Rd
Ball Ground, GA 30107
Email: happy_horses@hotmail.com