



HDT/CDE Breed Award Application



Contact Information

Are you a USTA Member?* No Yes, USTA #: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

Horse Information

Registered Name with the USTA: _____

Tattoo/Freezebrand #: _____

Show Name: _____

HDT/CDE Show Information (if you need more room, attach another worksheet)

Date	Show Name	Location	Class Name	Score/Placing

Submitted By

Signature

Date

This form must be submitted to the USTA by December 15 for the show year Dec 1 – Nov 30.

*You do not need to be a member of the USTA to apply for the award, but you must be a member of ADS.

Mail or fax to:
USTA – SEP
6130 S. Sunbury Rd
Westerville, OH 43081
Fax: (614) 224-4575