

WESTERN DRESSAGE ASSOCIATION®

OF AMERICA

DATE _____

WDAA Statement of Eligibility for Exceptional Rider Classes

EXHIBITOR NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

This letter verifies that (name of exhibitor) _____ is eligible to participate in WDAA Physically Challenged and/or WDAA Therapeutic Riding classes at WDAA hosted competitions. These competitive classes are offered to those with a diagnosed disability, physical and/or social or emotional.

Signed _____ Licensed Medical Professional

Printed name _____ Date _____

Practice name _____

Practice address _____

Email address _____

Phone number _____

Please include this signed form with your mailed entry and upload or email for online entries.



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