

**STAR
AWARDS
PROGRAM**



Mail To:
Pat Gent
IPSHR Star Program
8426 N Pottawatomie
Harrah, OK 73045

_____ HORSE'S NAME

_____ COMPETITOR

SERVICE STAR	DESCRIPTION OF SERVICE ACTIVITY	DATE
REQUIRED DOCUMENTATION	1) DATED PHOTOGRAPH OF HORSE PARTICIPATING IN ACTIVITY ** PHOTOGRAPHS WILL NOT BE RETURNED **	

TRAIL STAR	ORGANIZATION HOSTING EVENT	DATE AND LOCATION	DISTANCE COMPLETED	SIGNATURE OF EVENT OFFICIAL
REQUIRED DOCUMENTATION	1) COPY OF COMPLETED RIDE CARD			

ASSOCIATIONS STAR	ASSOCIATION or ORGANIZATION NAME	MEMBERSHIP NUMBER	ACTIVITY OR EVENT NAME AND DATE	SIGNATURE OF ACTIVITY OR EVENT OFFICIAL
REQUIRED DOCUMENTATION	1) COPY OF NATIONAL ASSOCIATION MEMBERSHIP CARD 2) COPY OF COMPLETED ENTRY FORM FOR ACTIVITY OR EVENT			

RECREATION STAR	DIARY BEGINNING DATE	DIARY ENDING DATE	TOTAL DOCUMENTED HOURS	SIGNATURE OF PARTICIPATING RIDER
REQUIRED DOCUMENTATION	1) COMPLETED SADDLE TIME DIARY			