For Office Use Only
Date Paid _____
Amount $_____
Cash___ or Venmo___
Check #_____

Nooksack Valley Riders

Year-End Awards 2024-2025

- The Year-End Awards Fee is a separate fee from the NVR and PSHA Yearly Membership dues. You must sign up to be a PSHA/NVR member in addition to paying the Awards fee to be eligible for NVR year-end awards.
- Please use one form per rider for Year-End-Awards.
- Only times from NVR sponsored shows will count towards year end awards.
- Times are calculated during the PSHA/NVR show season which is August 1 - July 31.
- NO times will count for year-end awards until the award form is turned in and fees paid. NO exceptions.
- Riders must have a **three time average in at least FIVE events** to qualify. Only one horse per event.
- If invited to ride at PSHA State Finals, applicant agrees to ride for NVR club.
- No DH times will be counted towards awards.
- **To be eligible for awards:** (1) All eligible riders must volunteer at a minimum of two NVR shows during the show season. Help to include: loading/unloading equipment, setting up/tearing down events, gate person, raking stomping, office help, clean up, etc. Ask anyone if you don't know how you can help.

****Failure to volunteer/help may disqualify participant from earning year end awards****

RIDER NAME: _____ PSHA RIDER #: _____ BIRTH DATE:_____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

HORSE NAMES/NUMBERS (list all horses) _____ _____ _____

HORSE BLANKET SIZE: _____ FAVORITE COLORS (2) _____ _____

HORSE BOOT SIZE: S____ M____L____ XL____ APPLICANT JACKET SIZE: S____ M____L____ XL____

Circle Appropriate Age Group:

Group Name	Age as of August 1, 2024	X	Cost per rider
Buckaroo	Age 10 and Under		$10
Junior	Age 11 – 13		$20
Intermediate	Age 14 – 17		$20
Senior A	Age 18 – 30		$20
Senior B	Age 31 – 43		$20
Super Senior A	Age 44 – 56		$20
Super Senior B	Age 57 and Over		$20

(Age groups subject to change by committee to fill all placings)

Please Return completed form and your payment to any NVR officer or awards committee member.

I AGREE TO THE TERMS TO BE ELIGIBLE FOR YEAR END AWARDS ☐ **(initials required)**

_____ _____
SIGNATURE (parent or guardian if under 18) DATE OF APPLICATION

*****Please make checks payable to NVR and write "Year End Awards" on the memo line. *****
PO Box 493 Lynden, WA 98264-0493