



# DQ Rider Medals Report

All sections must be completed.

<b>Rider:</b>	.....			
<b>EQ Member No.:</b>	.....			
<b>E-mail:</b>	.....			
<b>Address:</b>	Street: .....			
	City: ..... State: ..... Postcode: .....			
<b>Home Phone:</b>	.....			
<b>Daytime Phone:</b>	.....			
Please tick a box below:				
<input type="checkbox"/>	<b>Bronze Achievement Pin</b>			
<input type="checkbox"/>	<b>Silver Achievement Pin</b>			
<input type="checkbox"/>	<b>Gold Achievement Pin</b>			
<input type="checkbox"/>	<b>Platinum Achievement Pin</b>			
<input type="checkbox"/>	<i>Certificate Requested</i>			
<b>Qualifying Scores</b>				
Date	Test	Horse	Venue	Un-weighted %

*Thank you!*