

Boulder Valley Dressage Reimbursement Form

Name: _____

(Must be a current member)

Address: _____

Event: _____ Pilates for the Rider **or** _____ Dressage Through the Levels

(Check one)

Participation: (Check one) _____ Auditor _____ Participating Auditor _____ Rider

Volunteered: (list where & what) _____

Mail to: BV Dressage – 2942 Park Lake Drive – Boulder, CO 80301