



NFPSNA
Lifetime Achievement and Year End Points
Proof of Participation

Clinic/Event Attended: _____

Location: _____

Dates: _____

Ride Times: _____

Class description: _____

Pony Registered name (including AKA): _____

Pony NFPSNA Reg #: _____

Rider Name(s): _____

Clinician/Organizer Name: _____

Clinician/Organizer Signature: _____