

# Welsh Pony & Cob Society of Canada

## *Application - Ambassador Awards*

Registered Name of Pony/Cob: \_\_\_\_\_

Canadian Registration Number: \_\_\_\_\_

Name of Owner/Registered Lessee: \_\_\_\_\_ Membership Nbr.: \_\_\_\_\_  
(If Applicable)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date	Name of Show	Show Secretary Name & Contact	Discipline	Class Name	# of Entries in Class	Placing

Please review the Criteria before completing the application.

**\*\*A minimum of 3 entries in a class is required. Open classes only.**

**Please include a brief description (max 200 words) explaining why you believe your pony/cob is deserving of an ambassador award**

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Date of Submission: \_\_\_\_\_