VERIFICATION OF VOLUNTEER ACTIVITY

This is to certify that _____ volunteered for the following WPDA activity:

____Recognized Show Equine Symposium
____WPDA Club Championship Sanctioned/Sponsored Show
____Fundraising Committee Team de Ville
____Newsletter Annual Awards Banquet
____Video Tape Library WPDA Clinic
____Education Committee
____Other (describe) _____
_____
_____

Performed the following role(s): _____
Completed hours of volunteer services:_____
Date completed:_____

_____ _____
Date Signature (event organizer)

This form (or forms) should be submitted with the Individual Competitor's Report along with the WPDA Scholarship Application.