



UNITED STATES *Dressage* FEDERATION
USDF L Education Program

USDF Host Application Part 1

Hosting Organization (GMO or other): _____

Name of primary/published contact (Organizer): _____

Name on the account that will handle deposits and expenses: _____

Phone(s): Daytime: _____ Evening: _____ Cell: _____

Which number do you want published? Daytime: _____ Evening: _____ Cell: _____

E-mail: _____ Fax: _____

Address: _____

City/State: _____ Zip: _____

1. Is there sufficient interest and need in your area for this program?
 Yes No
2. Is your Group Member (or other) Organization financially capable of supporting this training program?
 Yes No
3. Are suitable facilities available? (Indoor/covered arena, stabling, classroom-type facility for lectures and viewing DVD presentations)
 Yes No
5. Is there a sufficient number of capable horses available in your area to provide demonstration horses for the session? (see proposed schedules in the organizer guidelines)
 Yes No
6. What other dressage programs do you have experience organizing?

7. Please list three references that can vouch for your organizational background and skills.

	NAME	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

USDF is not responsible for lost, delayed or misdirected correspondence either electronically or through the U.S. Postal Service.

Proposed program schedule:

The program must start with Session A and run sequentially. See program guideline for complete explanation of each session.

Part 1: A Judge's Perspective

Session A *Introduction to Judging & Biomechanics 2 days (12-14 hours)*

Date: _____ City/State: _____ Zip: _____

Instructor: _____

Session B *Judging Criteria for Gaits, Paces, Movements and Figures 2 days (12-14 hrs)*

Date: _____ City/State: _____ Zip: _____

Instructor: _____

Session C *Collective Marks, Basics, & Rider Biomechanics/Equitation 2 days (12-14 hours)*

Date: _____ City/State: _____ Zip: _____

Instructor: _____

The above-named Group Member Organization or other organization, subject to approval, hereby applies to host an official USDF L Education Program. It is understood and acknowledged that the Host Organization assumes all financial responsibility and that USDF is not financially responsible for this or any other L Education Program. It is also understood that the Host Organization will provide oversight of the designated organizer and abide by the current *USDF L Program Guidelines for Organizers*. **Please Note:** A program participant of this L Education Program may not act as the organizer or be involved in financial transactions.

GMO/Other Organization President Signature Date

Regional Director Signature Date

*As organizer, I have read the USDF L Education Program Organizer Guidelines and to the best of my knowledge, the host application conforms to the requirements outlined in the guidelines. It is understood and acknowledged that USDF is not financially responsible for this L Education Program. **Please Note:** A program participant may not act as organizer or be involved in financial transactions.*

Organizer's signature Date

Application must be returned to USDF and be accompanied by the registration fee of \$100 for Part 1. The registration fee includes the USDF University credit fee and is non-refundable.

Payment Options:
_____ Check or money order is enclosed Check # _____ (*Checks made payable to USDF*)
Bill my: VISA Master Card
Name on Card _____ **CVC** _____
Card # _____ **Billing Address** _____
Expiration date: _____ **City** _____ **ST** _____ **Zip** _____
Signature of Card Holder: _____

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