



UNITED STATES *Dressage* FEDERATION
USDF Adult Regional Team Competitions

USDF Competition Summary Form

Host Organization: _____

Organizer: _____ Phone: _____

USDF Region: _____ Competition date(s): _____

Name of facility: _____

City: _____ State: _____

Name and date of competition you combined with (if any): _____

1. Was this USDF Adult Regional Team Competition United States Equestrian Federation (USEF)/USDF recognized? ___ Yes ___ No
2. Number of judges for the USDF Adult Regional Team Competition: _____ Number of judges used per arena: _____
3. Number of arenas used: _____
4. Entry fee charged: _____
5. Total Number of Teams Attending: _____ Total Number of Riders: _____
 Total Number of Divisions: _____
6. States represented: _____
7. Please indicate the number of riders you had for each of the following levels:

_____ Intro Level	_____ Second Level
_____ Training Level	_____ Third/Fourth Level
_____ First Level	_____ FEI Level
8. Were Quadrille, Pas de Deux, Musical Freestyle and/or Dressage Equitation classes offered?

9. Educational activities offered:

10. Please take a few moments to write some comments to assist us in improving our program.

- Tips for future organizers:

- Comments, questions, areas to improve in the future:

Please attach a copy of prize list, program, competition results, photos and grant request.

Please send to:
United States Dressage Federation
Attn: Adult Regional Team Competition Liaison
4051 Ironworks Parkway
Lexington, KY 40511
Phone: 859/971-2277 Fax: 859/971-7722
E-mail: adultteamcompetition@usdf.org