



UNITED STATES *Dressage* FEDERATION  
**Platinum Performance/USDF Adult Clinic Series**

**USDF Auditor Pre-Registration Form**

**THE QUEST OF THE PYRAMID**  
**From Relaxation to Collection**  
*Featuring Charlotte Bredahl Baker*

Name of Person Attending (please print clearly) USDF #

Address City/State/Zip

Phone Fax E-mail  
 Please check here if any of your contact information has recently changed so that we may update our records.

**I wish to attend the following clinic:**

|                          | Region | Date                | Pre-Registration Deadline | Location   |
|--------------------------|--------|---------------------|---------------------------|--|
| <input type="checkbox"/> | 9      | March 20-21, 2010   | March 5, 2010             | Clifton Farms, Hernando, MS                        |
| <input type="checkbox"/> | 4      | April 10-11, 2010   | March 26, 2010            | Leatherdale Equine Center, St. Paul, MN            |
| <input type="checkbox"/> | 1      | May 8-9, 2010       | April 23, 2010            | Hassler Dressage at Riveredge, Chesapeake City, MD |
| <input type="checkbox"/> | 2      | October 30-31, 2010 | October 15, 2010          | Rosebud Ranch Equestrian Center, Brookston, IN     |
| <input type="checkbox"/> | 6      | March 19-20, 2011   | March 4, 2011             | Summervale Farm, Roy, WA                           |

To pre-register for another person, please submit an additional form along with yours indicating just the other person's name, USDF number or city/state for verification of membership status, and which days they will be attending.

**I wish to register for the following:**

**Amount**

**Saturday/Sunday package**

- Auditor is a current USDF member \$70
- Auditor is not a current USDF member \$80

**Saturday only**

- Auditor is a current USDF member \$40
- Auditor is not a current USDF member \$45

**Sunday only**

- Auditor is a current USDF member \$40
- Auditor is not a current USDF member \$45

**PLEASE NOTE:**

Registration will be accepted on site. The following walk-in registration fees will apply regardless of membership status:

**Two-Day \$90.00**  
**One Day \$50.00**

**I wish to renew/become a member of USDF**

- Participating Membership – (one year) -- \$62
- Youth Participating Membership – (age 21 and under) -- \$35

Materials regarding your membership will be mailed to you. TOTAL \$ \_\_\_\_\_

**Payment Options**

- Check or money order, payable to USDF (US funds only, please). Check number:

If your USDF membership is not current, you must pay the non-member rate indicated above. To check USDF membership status, visit [www.usdf.org](http://www.usdf.org) or contact USDF Membership at (859) 971-2277.

I authorize USDF to bill my  Visa  MasterCard (Visa or MasterCard only, please). I understand that if my USDF membership is not current as of the date this form is received, I will be charged at the non-member rates indicated above.

Name on Card Card Number

Expiration Date Signature of Card Holder

Please send to: USDF, 4051 Iron Works Parkway, Lexington, KY 40511 or fax to (859) 971-7722. For further information, e-mail [adultclinics@usdf.org](mailto:adultclinics@usdf.org) or call (859) 271-7877. Your registration will be confirmed by e-mail or mail. If you do not receive confirmation within 10 days of sending in your registration, please contact USDF. Local clinic information will be available at [www.usdf.org](http://www.usdf.org).