



UNITED STATES *Dressage* FEDERATION
Nutrena/USDF Adult Clinic Series

Auditor Pre-Registration Form
THE CLASSICAL SYSTEM SIMPLIFIED
Featuring Lilo Fore

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:

<u>Region</u>	<u>Clinic Dates</u>	<u>Application Deadline</u>	<u>Location</u>
<input type="checkbox"/> 5	April 21-22, 2012	April 6, 2012	Golden Spike Event Center, Ogden UT
<input type="checkbox"/> 3	May 5-6, 2012	April 20, 2012	Shannondale Farm, Alpharetta, GA
<input type="checkbox"/> 2	June 30-July 1, 2012	June 15, 2012	George M. Humphrey Equestrian Center, Lake Erie College, Mentor, OH
<input type="checkbox"/> 1	October 6-7, 2012	September 21, 2012	Averett University Equestrian Center, Danville, VA
<input type="checkbox"/> 6	November 10-11, 2012	October 26, 2012	Devonwood Equestrian Center, Sherwood, OR
<input type="checkbox"/> 7	January 12-13, 2013	December 28, 2012	Hilltop Equestrian Center, Waimanalo, HI

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) - \$75
- Youth Participating Membership – (one-year - age 21 and under) -- \$60
- Education Membership – (one year) - \$35
- Youth Education – (one year - age 21 and under) - \$10

Visit www.usdf.org for membership details - **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 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 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.