



UNITED STATES *Dressage* FEDERATION

**2009 USDF FEI Jr/YR Clinic Series**

**USDF Auditor Pre-Registration Form**

*\*Please note auditor pre-registration deadlines. Auditors may utilize the walk-in registration option and pay the additional fee. No late registrations will be accepted. To pre-register multiple attendees, please fill out individual forms.*

**Auditor Information**

Name of Person Attending \_\_\_\_\_

Birth date required if registering for Youth fee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ USDF Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Auditor registration confirmation notices are sent via email, if provided.*

**I am attending the following clinic:**

<input type="checkbox"/>	<u>Region</u>	<u>Date</u>	<u>Pre-Registration Deadline</u>	<u>Location</u>	<u>City, State</u>	<u>Clinician</u>
<input type="checkbox"/>	Region 5	September 5-6, 2009	August 26, 2009	Autumn Hill	Longmont, CO	George Williams
<input type="checkbox"/>	Region 7	September 12-13, 2009	September 2, 2009	Starr Vaughn Equestrian	Elk Grove, CA	Jan Ebeling
<input type="checkbox"/>	Region 6	October 17-18, 2009	October 7, 2009	Paddock Wood Farm	Gig Harbor, WA	Sue Blinks
<input type="checkbox"/>	Region 3	November 7-8, 2009	October 27, 2009	Shannondale Farm	Alpharetta, GA	George Williams

**Registration Information**

I wish to register for the following:

<b>Package Option</b>	<b>Adult Non-Member Fee</b>	<b>Adult Member Fee</b>	<b>Youth (21 &amp; Under)</b>
<input type="checkbox"/> Two Day (Sat/Sun) Package	\$60	\$50	\$30
<input type="checkbox"/> Saturday Only	\$35	\$30	\$15
<input type="checkbox"/> Sunday Only	\$35	\$30	\$15

Total \$ \_\_\_\_\_

**\*\*USDF University Credits will be automatically applied for all GM/IM/PM members\*\***

**Payment Information**

Check or money order, payable to USDF (US funds only please) Check # \_\_\_\_\_

I authorize USDF to charge my Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Card Holder

**Please contact me concerning membership opportunities**

Please submit form to address below. Please note: pre-registration form must reach USDF by the pre-registration deadline of the clinic you wish to attend. If you have not pre-registered at that time, you will need to utilize walk-in registration and pay the additional walk-in fee. Refund requests must be in writing and a \$25.00 office fee will be deducted. Complete clinic information is available at [www.usdf.org](http://www.usdf.org). For more information, please contact USDF at (859) 971-2277 or [jryounriderclinics@usdf.org](mailto:jryounriderclinics@usdf.org)