



UNITED STATES *Dressage* FEDERATION
**Continuing Education Program for Judges and USDF "L"
 Graduates Grant Application**

Grants Funded by The Dressage Foundation

Organizer(s): _____ Phone: _____

_____ Phone: _____

Region: _____ Name of Program: _____

Date(s): _____ Location: _____

Is a copy of a tentative budget attached to the grant form? Yes No

Please select ONE of the following:

Please deposit grant money into my Region's Account. Region _____

Please make check payable to: _____

***Grant payment must be payable to a Region, GMO or similar organization and not to an individual.**

Mail check to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Signatures:

Organizer **Date**

Regional Director **Date**

USDF Judges Committee Liaison **Date**